Dramatic reduction of psychiatric emergency consultations during lockdown linked to COVID-19 in Paris and suburbs

Running title: Psychiatric emergency consultations and COVID-19 linked lockdown

Baptiste Pignon1,2,3,4,*, Raphaël Gourevitch5, Sarah Tebeka6,7,8, Caroline Dubertret6,7,8, Hélène Cardot6, Valérie Dauriac-Le Masson9, Anne-Kristelle Trebalag5, David Barruel9, Liova Yon5, François Hemery10, Marie Loric1, Corentin Rabu1, Antoine Pelissolo1,2,3,4, Marion Leboyer1,2,3,4, Franck Schürhoff1,2,3,4, Alexandra Pham-Scottez5

1AP-HP, DMU IMPACT, Département Médico-Universitaires de psychiatrie et d’addictologie des Hôpitaux universitaires Henri-Mondor, Créteil, 94000, France ;
2Inserm, U955, Laboratoire Neuro-Psychiatrie translationnelle, Institut Mondor de Recherche Biomédicale, Créteil, 94000, France ;
3Fondation FondaMental, Créteil, 94000, France ;
4UPEC, Université Paris Est Créteil, Faculté de médecine, Créteil, 94000, France ;
5CPOA, Hôpital Sainte-Anne, GHU Paris Psychiatrie & Neurosciences, Paris - 1, rue Cabanis, F-75014 Paris, France ;
6AP-HP, Groupe Hospitalo-Universitaire AP-HP Nord, DMU ESPRIT, service de Psychiatrie et d’Addictologie, Hôpital Louis Mourier, Colombes ;
7INSERM U1266, F-75014 Paris, France ;
8Faculté de médecine, Université de Paris, France ;
9Département d’information médical, GHU Paris Psychiatrie & Neurosciences, Paris - 1, rue Cabanis, F-75014 Paris, France ;
10Service d’information médical, Hôpitaux universitaire Henri-Mondor, Créteil, 94000, France.

*Corresponding author: Dr. Baptiste Pignon
Hôpital Albert Chenevier, Groupe hospitaliers Henri-Mondor, CHU de Créteil, Assistance Publique-Hôpitaux de Paris (AP-HP), 40 rue de Mesly, 94 000, Créteil, France
baptistepignon@yahoo.fr ☎ : + 33 1 49 81 31 31 ; Fax : +33 1 49 81 30 59
ABSTRACT

Aims

The COVID-19 pandemic and associated lockdown may have psychiatric consequences and increase the number of psychiatric emergency consultations. This study aimed to compare the number and characteristics of emergency psychiatric consultations during the four first weeks of the lockdown in three psychiatric emergency services from Paris and its suburbs, and to compare them to the same period in 2019.

Methods

Three psychiatric centers in Paris and its suburbs took part in the study. We compared the number of total psychiatric emergency consultations during the 4 first weeks of the lockdown in France to the corresponding 4 weeks in 2019. We also compared the number of consultations during these 4-week time periods in 2020 and 2019 across different diagnostic categories.

Results

In the 4 first weeks of the lockdown in France, 553 emergency psychiatry consultations were carried out, compared to 1224 consultations during the corresponding period of 2019, representing a 54.8 % decrease. This decrease was evident across all psychiatric disorders, including anxiety (number of consultations in 2020 representing 36.1 % of 2019), mood (41.1 %), and psychotic disorders (57.3 %). The number of suicide attempts also decreased (number of suicide attempts in 2020 representing 42.6 % of 2019). In comparison to 2019, the proportion of total consultations for anxiety disorders also decreased (16.6 % vs. 20.8 %), whilst the proportion of total consultations increased for psychotic disorders (31.1 % vs. 24.1 %).

Conclusions

The total number of psychiatric emergency consultations during lockdown dramatically decreased. The psychological consequences of lockdown may be delayed, indicating that psychiatric services should be prepared for a secondary increase in emergency presentations.

Keywords

COVID-19 pandemic crisis; lockdown; Psychiatric emergency.
INTRODUCTION

On March 17th, 2020 a national lockdown began in France in response to the COVID-19 pandemic. The virus underpinning the COVID-19 pandemic first appeared in China in November 2019, being declared as pandemic by WHO on March 11th, 2020 (Zhou et al., 2020). To date, France and Western Europe, per head population, are the most affected areas (Yuan et al., 2020).

A number of psychiatric consequences arising from the pandemic and lockdown have been proposed (Fagiolini et al., 2020; Fiorillo and Gorwood, 2020; Xiang et al., 2020). First, loneliness and social isolation caused by social distancing are long-established major risk factors for a number of psychiatric disorders, including anxiety and depression (Beutel et al., 2017; Courtet et al., 2020; Erzen and Çikrikci, 2018; Michalska da Rocha et al., 2018). Social isolation not only disrupts regular social rhythms, but can aggravate the negative symptoms evident in psychosis, including social withdrawal, apathy, and lack of social interest. The economic impact of the COVID-19 crisis may also increase psychiatric vulnerability (Pfefferbaum and North, 2020; Wickham et al., 2014). Confinement can also increase family/partner conflicts and violence. Quarantine and lockdown have other psychological consequences, such as boredom, anger, frustration, irritability, and sleep dysregulation, which are all associated with poorer psychiatric outcomes, including first episode emergence of psychiatric disorders as well as the exacerbation of pre-existing psychiatric conditions (Brooks et al., 2020; Rajkumar, 2020; Rolland et al., 2020). Contamination fear has additional stress associations, especially for health anxiety associated with anxious and obsessional symptoms, as well as some delusional symptoms (Brown et al., 2020; Fiorillo and Gorwood, 2020).

In addition to these stressors, psychiatric services have had to be extensively reorganized in response to the COVID-19 pandemic (Arango, 2020; Corruble, 2020; Fagiolini et al., 2020; Fiorillo and Gorwood, 2020; Freeman, 2020; Xiang et al., 2020), including in France (Chevance et al., 2020). A number of organizational changes have had to occur in order to maintain the continuity of public psychiatric care, including restricting consultations to severe cases and re-organization of health care via teleconsultation, as well as early hospital release and restrictions on new hospitalizations. Moreover, several daily care facilities,
including psychiatric day hospital services and day-therapy day programs, have been closed to reduce contacts among patients, and between patients and mental health care professionals. Most private psychiatric consultations have been closed or re-organized via teleconsultation. Consequently, patients may experience difficulties in accessing psychiatric services, or worry about being fined for non-compliance of lockdown rules. Overall, such factors may create a treatment gap and/or lead to break in follow-up and ongoing treatment, thereby increasing emergency consultations (Font et al., 2018; Reger et al., 2020).

This study aimed to compare the number and characteristics of emergency psychiatric consultations during the four first weeks of the lockdown in three psychiatric emergency services from Paris and its suburbs, and to compare them to the same period in 2019.
METHODS

Study design

Three psychiatric emergency centers took part in the study: one in Paris, and two in adjacent suburban cities, Colombes (Northwest Paris) and Créteil (Southeast Paris). The Paris center is called CPOA (“Centre Psychiatrique d’Orientation et d’Accueil”). It is located in Sainte-Anne hospital, and is the biggest emergency psychiatric units in Paris and its suburbs. The two suburban emergency centers are part of two University-affiliated hospitals of the Assistance Publique-Hôpitaux de Paris (Louis-Mourier for Colombes, and Henri-Mondor for Créteil). The Colombes center is the only center of the three to admit children.

Data collection: sociodemographic and clinical characteristics

The data of this study was extracted anonymously from hospital registers. We assessed the number of emergency consultations during the 4 first weeks of the French lockdown, viz from Tuesday 17th March to Monday 13th April 2020 inclusive, and of the corresponding weeks of 2019, viz from Tuesday 19th March to Monday 15th April 2019). Age, gender, and provenance (i.e., the patient's origin, such as patient’s home, public roads, etc.) were extracted for all patients visiting the emergency services. Patient's provenance was only available for the Paris and Créteil centers.

We also extracted data concerning the presence of a recent (< 1 week) suicide attempt (except for Créteil center, as this data was not available) and psychiatric diagnosis of each patient. Psychiatric diagnoses utilized ICD-10 classification and were pooled as follows: psychotic disorders (F20 to F29), mood disorders (F30 to F39), anxiety and stress-related disorders (F40 to F48), personality disorders (F60 to F69), addictive disorders (F10 to F19) and other.

Patients’ outcomes following the emergency consultations were also noted, including the rates of hospitalization, and as to whether this was with or without the patient’s consent (except for Créteil center, as this data was not available). For the Paris center, consultations were also rated as to whether this was a first psychiatric consultation or not.
**Ethical procedures**

The study was performed in accordance with the Declaration of Helsinki. The data was extracted anonymously from registers, in accordance with the ethical and security standards of the French National Data Protection Authority. According to the INSERM ethics committee, this study does not need an opinion of a research ethics committee according to the French law.

**Statistical analyses**

The sociodemographic, clinical, and outcome characteristics were compared using chi-square tests. For each variable, 2019 and 2020 rates of each category were compared.
RESULTS

Number of psychiatric emergency consultations

During the four first weeks of the national COVID-19 related lockdown, 553 emergency psychiatric consultations were carried out, representing less than half (45.2 %) of the corresponding weeks in 2019 (1224 consultations). This decrease was evident in each of the three centers, with the number of the consultations in 2020, compared to 2019, representing 38.8 % in Paris, 52.4 % in Créteil, and 63 % in Colombes.

Sociodemographic characteristics (i.e., sex-ratio and age-bands proportions) of subjects between the year 2019 and the year 2020 were not significantly different, except for the proportion of 16-25 years-old patients, which was lower in 2020 (21.7 % in 2020 vs. 27.5 % in 2019, p-value = 0.012, see Table 1 for details).

Clinical characteristics

Compared with 2019, the number of consultations for all the psychiatric diagnoses also decreased in 2020, especially for anxiety disorders (number of consultations in 2020 representing 36.1 % of consultations in 2019), mood disorders (41.1 %), and psychotic disorders (67.2 %). The number of consultations for each diagnostic category are represented in Figure 1. Total suicide attempts also decreased in 2020 to 42.6 % of those in 2019.

The diagnostic pattern of presentations changed in 2020, compared to 2019, with the percentage of consultations for psychotic disorders increasing (31.1 % in 2020 vs. 24.1 % in 2019, p-value = 0.002), in contrast to the decreases evident for anxiety and stress-related disorders (16.6 % vs. 20.8 %, p-value = 0.039). The rate of first-episode psychiatric consultations also significantly decreased in 2020 (13.8 % vs. 20.1 %, p-value = 0.018). Details concerning clinical and outcome characteristics are shown in Table 2.

Orientation decisions after emergency consultations

The rate of hospital admission after emergency consultation was not significantly different between 2019 and 2020. However, in 2020, hospitalization without patients’ consent significantly increased (54.2 % in 2020 vs. 43.8 % in 2019, p-value = 0.023).
DISCUSSION

Given the multi-faceted stressors associated with lockdown, the above results show a surprising, and dramatic, 54.8% drop in the number of psychiatric emergency consultations, during the first 4 weeks of the COVID-19 pandemic, compared to the same period in 2019. As indicated by the presented data, this decrease is evident in the 3 emergency departments of Paris and its suburbs, covering both the psychiatric emergency service and general hospital emergency services of these units. Further, this decrease is evident across all psychiatric diagnostic categories, and concerns also suicide attempts. The percentage of anxiety disorders was lower in 2020 than in 2019, whilst the percentage of patients consulting for psychotic disorders was higher in 2020 than in 2019, as was the rate of hospitalization without consent.

Data from other countries indicates that this decrease is not specific to psychiatry. In the West China Hospital emergency department, a greater than 50% decrease in daily total consultations was reported, coupled to an elevation in consultations for fever and/or COVID-19 symptoms (Cao et al., 2020). A similar phenomenon has been observed in England, where lockdown led to a 25% in general emergency consultations during the week (Thornton, 2020). Clearly, a fear of contamination in emergency departments has contributed to this. A huge rise in psychiatric emergency consultations may be expected after lockdown, and perhaps in the later phases of lockdown. Moreover, the number of consultations, which are not strictly medical emergencies, may also have decreased. In France, as in many other countries, recent decades have seen a significant increase in the number of emergency department consultations (Derlet and Richards, 2000; Hoot and Aronsky, 2008). This increase is contributed to by multiple complex factors, including a deterioration in accessibility of primary care services, leading to unnecessary hospital emergency departments visits (Cunningham et al., 1995). The treatment gap in psychiatry, the gap between experiencing a psychiatric disorder and using treatment services for this disorder, has been extensively described in France and elsewhere (Font et al., 2018; Kohn et al., 2004). The results in the current study seem in line with this, given the significant increase of the proportion of consultations for psychotic disorders and of hospitalizations without consent, coupled to the significant decrease in primary psychiatric consultations in the largest center of our study (Paris). For the most severe psychiatric disorders, the emergency consultations are more necessary, and the number of consultations is less attenuated.
The development of telemedicine would also seem to have contributed to our results. Psychiatric services have been quickly mobilized to provide telemedicine consultations, which seems well accepted by patients and mental health care professionals, with the present results possibly indicative of the greater utilization of telemedicine consultations during the COVID-19 pandemic (Kavoor et al., 2020). For depression or anxiety disorders, telemedicine consultations could even have more efficacy than traditional consultations (Ekeland et al., 2010; Fortney et al., 2013). This viability and feasibility of telemedicine consultations are likely to emerge subsequent to the COVID-19 triggered lockdown, possibly indicating a role for their sustained implementation. This is a change that may emerge from the COVID-19 pandemic and it will be interesting to determine its impact on factors such as the rates of patients lost to follow-up.

As some people may find new strengths and coping strategies during disasters (Pfefferbaum and North, 2020), the current results may arise from an elevation in resilience capacity. This was observed in New York following the September 11th terrorist attack, where the expected surge in psychiatric presentations, including post-traumatic stress symptoms and/or disorders, did not emerge (Bonanno et al., 2006). Such psychological resilience is described as having both individual and collective aspects (Williams and Drury, 2009).

Overall, despite the expectation of lockdown-induced stress increasing relapse risk across psychiatric conditions, the numbers of patients seeking emergency psychiatric consultations have decreased during lockdown. This is important to document, as will be the amount of consultation in the post-pandemic period. The reasons underpinning this dramatic reduction, such as telemedicine efficiency and case-management strategies, may be incorporated to improve quality and organization of health care provision. However, the psychological consequences of lockdown may occur later, where a secondary increase of emergency psychiatric presentations may occur. Clearly, COVID-19 has had an impact on psychiatric service utilization and will continue to do so (Chevance et al., 2020), whilst also having possible implications for the nature of psychiatric service organization.
Acknowledgements

We want to thank Dr. Yohan Dabi for his advice, and Dr. George Anderson for his prompt editing work.

Authors contributions

- Conception and design of the study: Baptiste Pignon, Raphaël Gourevitch, Franck Schürhoff and Alexandra Pham;
- Extraction of the data: Sarah Tebeka, Hélène Cardot, François Hemery, Marie Loric, Valérie Dauriac-Le Masson, David Barruel;
- Statistical analyses: Baptiste Pignon;
- First draft of the manuscript: Baptiste Pignon and Franck Schürhoff;
- Writing and revision of the paper: all authors.

Conflict of interest

The authors have declared that there are no conflicts of interest in relation to the subject of this study.

Role of funding source

No funding was secured for this study.

Availability of Data and Materials

The data is available on request.
REFERENCES

Arango C (2020) Lessons learned from the coronavirus health crisis in Madrid, Spain: How COVID-19 has changed our lives in the last two weeks. Biological Psychiatry. DOI: 10.1016%2Fj.biopsych.2020.04.003.

Beutel ME, Klein EM, Brähler E, et al. (2017) Loneliness in the general population: prevalence, determinants and relations to mental health. BMC psychiatry 17(1): 97.

Bonanno GA, Galea S, Bucciarelli A, et al. (2006) Psychological Resilience After Disaster: New York City in the Aftermath of the September 11th Terrorist Attack. Psychological Science 17(3). SAGE Publications Inc: 181–186.

Brooks SK, Webster RK, Smith LE, et al. (2020) The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet (London, England) 395(10227): 912–920.

Brown E, Gray R, Lo Monaco S, et al. (2020) The potential impact of COVID-19 on psychosis: A rapid review of contemporary epidemic and pandemic research. Schizophrenia Research. DOI: 10.1016/j.schres.2020.05.005.

Cao Y, Li Q, Chen J, et al. (2020) Hospital Emergency Management Plan During the COVID-19 Epidemic. Academic Emergency Medicine 27(4): 309–311.

Chevance A, Gourion D, Hoertel N, et al. (2020) Ensuring mental health care during the SARS-CoV-2 epidemic in France: A narrative review. L’Encephale. DOI: 10.1016/j.encep.2020.03.001.

Corruble E (2020) A Viewpoint From Paris on the COVID-19 Pandemic: A Necessary Turn to Telepsychiatry. The Journal of Clinical Psychiatry 81(3). Physicians Postgraduate Press, Inc. DOI: 10.4088/JCP.20com13361.

Courtet P, Olié E, Debienc C, et al. (2020) Keep Socially (but Not Physically) Connected and Carry on: Preventing Suicide in the Age of COVID-19. The Journal of Clinical Psychiatry 81(3). Physicians Postgraduate Press, Inc.: 20com13370.

Cunningham PJ, Clancy CM, Cohen JW, et al. (1995) The use of hospital emergency departments for nonurgent health problems: a national perspective. Medical care research and review: MCRR 52(4): 453–474.

Derlet RW and Richards JR (2000) Overcrowding in the nation’s emergency departments: complex causes and disturbing effects. Annals of Emergency Medicine 35(1): 63–68.

Ekeland AG, Bowes A and Flottorp S (2010) Effectiveness of telemedicine: A systematic review of reviews. International Journal of Medical Informatics 79(11): 736–771.

Erzen E and Çikrikci Ö (2018) The effect of loneliness on depression: A meta-analysis. The International Journal of Social Psychiatry 64(5): 427–435.
Fagiolini A, Cuomo A and Frank E (2020) COVID-19 Diary From a Psychiatry Department in Italy. The Journal of Clinical Psychiatry 81(3). Physicians Postgraduate Press, Inc.: 0–0. DOI: 10.4088/JCP.20com13357.

Fiorillo A and Gorwood P (2020) The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. European Psychiatry: The Journal of the Association of European Psychiatrists 63(1): e32.

Font H, Roelandt J-L, Behal H, et al. (2018) Prevalence and predictors of no lifetime utilization of mental health treatment among people with mental disorders in France: findings from the ‘Mental Health in General Population’ (MHGP) survey. Social Psychiatry and Psychiatric Epidemiology 53(6): 567–576.

Fortney JC, Pyne JM, Mouden SB, et al. (2013) Practice-Based Versus Telemedicine-Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial. American Journal of Psychiatry 170(4). American Psychiatric Publishing: 414–425.

Freeman MP (2020) COVID-19 From a Psychiatry Perspective: Meeting the Challenges. The Journal of Clinical Psychiatry 81(2). Physicians Postgraduate Press, Inc.: 20ed13358.

Hoot NR and Aronsky D (2008) Systematic Review of Emergency Department Crowding: Causes, Effects, and Solutions. Annals of Emergency Medicine 52(2). Elsevier: 126-136.e1.

Kavoor AR, Chakravarthy K and John T (2020) Remote consultations in the era of COVID-19 pandemic: Preliminary experience in a regional Australian public acute mental health care setting. Asian Journal of Psychiatry 51: 102074.

Kohn R, Saxena S, Levav I, et al. (2004) The treatment gap in mental health care. Bulletin of the World Health Organization 82(11): 858–866.

Michalska da Rocha B, Rhodes S, Vasilopoulou E, et al. (2018) Loneliness in Psychosis: A Meta-analytical Review. Schizophrenia Bulletin 44(1): 114–125.

Pfefferbaum B and North CS (2020) Mental Health and the Covid-19 Pandemic. New England Journal of Medicine. Massachusetts Medical Society. DOI: 10.1056/NEJMp2008017.

Rajkumar RP (2020) COVID-19 and mental health: A review of the existing literature. Asian Journal of Psychiatry 52: 102066.

Reger MA, Stanley IH and Joiner TE (2020) Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm? JAMA Psychiatry. DOI: 10.1001/jamapsychiatry.2020.1060.

Rolland B, Haesebaert F, Zante E, et al. (2020) Global changes and factors of increase in caloric food, screen and substance use during the early COVID-19 containment phase in France: a general population online survey. Available at: https://www.jmir.org/preprint/19630 (accessed 9 May 2020).

Thornton J (2020) Covid-19: A&E visits in England fall by 25% in week after lockdown. BMJ 369(m1401). British Medical Journal Publishing Group.
Wickham S, Taylor P, Shevlin M, et al. (2014) The Impact of Social Deprivation on Paranoia, Hallucinations, Mania and Depression: The Role of Discrimination Social Support, Stress and Trust. *PLoS ONE* 9(8): e105140.

Williams R and Drury J (2009) Psychosocial resilience and its influence on managing mass emergencies and disasters. *Psychiatry* 8(8). Trauma & stress-related disorder: 293–296.

Xiang Y-T, Yang Y, Li W, et al. (2020) Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry* 7(3). Elsevier: 228–229.

Yuan J, Li M, Lv G, et al. (2020) Monitoring Transmissibility and Mortality of COVID-19 in Europe. *International journal of infectious diseases: IJID: official publication of the International Society for Infectious Diseases*. DOI: 10.1016/j.ijid.2020.03.050.

Zhou F, Yu T, Du R, et al. (2020) Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet* 395(10229): 1054–1062.
| Age-bands | Number of consultations | Paris | Créteil | Colombes | Total: N, % | Paris | Créteil | Colombes | Total: N, % | p-values¹ |
|-----------|------------------------|-------|---------|----------|------------|-------|---------|----------|------------|----------|
| <16       |                        | 762   | 324     | 138      | 1224       | 296   | 170     | 87       | 553        | 0.106    |
| 16-24     |                        | 238   | 63      | 36       | 337, 27.5 % | 72    | 37      | 11       | 120, 21.7 % | **0.012** |
| 25-44     |                        | 335   | 124     | 45       | 504, 41.2 % | 133   | 68      | 44       | 245, 44.3 % | 0.216    |
| 45-64     |                        | 146   | 102     | 44       | 292, 23.8 % | 68    | 50      | 26       | 144, 26.0 % | 0.981    |
| 65+       |                        | 43    | 35      | 7        | 85, 6.9 %   | 23    | 15      | 5        | 43, 7.9 %   | 0.530    |

| Sex       | 2019                   | 2020                   | p-values¹ |
|-----------|------------------------|------------------------|----------|
| Male      | 418, 52.3 %            | 174, 53.0 %            | 0.810    |
| Female    | 344, 47.6 %            | 122, 47.0 %            |          |

¹2019 vs. 2020 comparisons by chi-square test, with the proportion of each category compared between 2019 and 2020.
### Table 2. Clinical characteristics and orientation of patients having a psychiatric consultation in an emergency service

|                      | 2019          | 2020          | p-values$^1$ |
|----------------------|---------------|---------------|--------------|
|                      | Paris | Créteil | Colombes | Total: N, % | Paris | Créteil | Colombes | Total: N, % |            |
| **Diagnoses**        |       |         |         |           |       |         |         |           |            |
| Mood disorders        | 230   | 112     | 37      | 379, 31.0 % | 87    | 49      | 20      | 156, 28.2 % | 0.241      |
| Psychotic disorders  | 184   | 69      | 42      | 295, 24.1 % | 98    | 40      | 34      | 172, 31.1 % | **0.002**  |
| Anxiety and stress-related disorders | 175   | 48      | 32      | 255, 20.8 % | 52    | 29      | 11      | 92, 16.6 % | **0.038**  |
| Addictive disorders  | 54    | 24      | 9       | 87, 7.1 %  | 15    | 16      | 13      | 44, 8.0 %  | 0.402      |
| Personality disorders | 50    | 12      | 7       | 69, 5.6 %  | 21    | 6       | 6       | 33, 6.0 %  | 0.077      |
| Other                | 52    | 22      | 7       | 81.6  %   | 20    | 11      | 0       | 31, 5.6 %  | 0.283      |
| Unavailable data     | 17    | 37      | 4       | 58, 4.7 %  | 3     | 19      | 3       | 25, 4.5 %  | 0.840      |
| **Hospitalization**  |       |         |         |           |       |         |         |           |            |
| Yes                  | 360   | 144     | 58      | 562, 45.9 % | 121   | 99      | 45      | 265, 47.9 % | 0.872      |
| No                   | 329   | 139     | 80      | 548, 44.8 % | 153   | 59      | 42      | 254, 45.9 % |            |
| Unavailable data     | 73    | 41      | 0       | 114, 9.3 % | 22    | 12      | 0       | 34, 6.1 %  |            |
| **Hospital admission without consent$^2$** |       |         |         |           |       |         |         |           | **0.022**  |
| Yes                  | 158   | NA      | 25      | 183, 43.8 % | 65    | NA      | 25      | 90, 54.2 % |            |
| No                   | 202   | NA      | 33      | 235, 56.2 % | 56    | NA      | 20      | 76, 45.8 % |            |
| **Suicide attempts** |       |         |         |           |       |         |         |           | 0.812      |
| Yes                  | 53    | NA      | 22      | 75, 8.4 %  | 23    | NA      | 9       | 32, 8.4 %  |            |
| No                   | 651   | 114     | 765     | 85.2 %  | 266   | 78      | 344      | 89.8 %  |            |
| Unavailable data     | 58    | 0       | 0       | 58, 6.5 %  | 7     | 0       | 0       | 7, 1.8 %  |            |
| **Provenance**       |       |         |         |           |       |         |         |           | **0.004**  |
| Home                 | 429   | 195     | NA      | 624, 57.5 % | 203   | 101     | NA      | 304, 65.2 % |            |
| Institution       | 133 | 11 | NA | 144, 13.3 % | 21 | 5 | NA | 26, 5.8 % | <0.001 |
|-------------------|-----|----|----|------------|----|---|----|----------|--------|
| Public road       | 120 | 13 | NA | 133, 12.2 %| 55 | 3 | NA | 58, 12.4 %| 0.912  |
| Other             | 41  | 102| NA | 143, 13.2 %| 6  | 61| NA | 67, 12.1% | 0.523  |

| First psychiatric consultation rate |
|-------------------------------------|
| Yes                                 |
| Unavailable data                    |

| Presence of an accompanying person |
|-------------------------------------|
| Yes                                 |
| No                                  |

Legends: \(^1\)2019 vs. 2020 comparisons by chi-square test, with the proportion of each category compared between 2019 and 2020; \(^2\)among hospitalizations.
Figure 1: Bar chart of the number of consultations for each diagnosis category in 2019 and 2020