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Letter to the Editor

Patient flow in the largest French psychiatric emergency centre in the context of the COVID-19 pandemic

A R T I C L E I N F O

Keywords: Covid-19 Psychiatric emergency centre Psychological crisis intervention

A B S T R A C T

To date, we have no French data about the psychiatric consequences of the Covid-19 pandemic and the confinement. In the largest French psychiatric emergency centre, we compared the average number of consultations per day during the confinement with the same period preceding the confinement and with the same periods of previous years, and we observed a significant drop in attendance. Our team had to adapt promptly to these changes in public mental health services, and we set up a telephone hotline dedicated to psychiatric patients and their families, in order to prevent a secondary psychiatric crisis.

COVID-19 first appeared in Wuhan, China on December 2019 and quickly spread worldwide. WHO declared the pandemic on March 11, 2020. In France, confinement has been in effect from March 17, 2020 to May 10, 2020, and we have no psychiatric French data about its consequences. However, quarantine (Brooks et al., 2020) is a risk factor for new acute psychiatric episodes and for worsening pre-existing psychiatric conditions. These psychiatric disorders may be directly linked to stress related to the pandemic, or linked to work disruption, social isolation and living conditions during confinement. Moreover, patients with psychiatric disorders may have a reduced access to helpful but “non-essential” (and thus often cancelled) psychiatric services and this could potentially lead to breaks in follow-up and treatment.

The CPOA (Centre Psychiatrique d’Orientation et d’Accueil), located at Sainte-Anne Hospital, Paris, is the largest psychiatric emergency centre in France. The CPOA receives mostly psychiatric emergencies (more than 10 000 per year), and also patients who want to consult a psychiatrist without an appointment, 24 h a day and 7 days a week, from Paris and the whole Ile-de-France area.

1. The impact of COVID-19 on patient flow

The aim of our study was to highlight the changes in the flow of consultations in our psychiatric emergency centre during the confinement. Therefore, we compared the mean number of consultations per day during the confinement with the same periods (from March 17 to May 10) of the three previous years and with the period (55 days) before the confinement (from January 21, 2020 to March 16, 2020). We used Student’s t tests, and R software for the statistical analysis.

The mean number of consultations per day was significantly lower in 2020 ($N = 10.8; \text{SD} = 3.3$) than in 2017 ($N = 23.3; \text{SD} = 6.1$; Student's t-test, $p < 10^{-15}$), 2018 ($N = 24.4; \text{SD} = 5.9$; Student's t-test, $p < 10^{-15}$), and 2019 ($N = 26.4; \text{SD} = 7.3$; Student's t-test, $p < 10^{-15}$). The mean number of consultations per day during the confinement was also significantly lower than during the period before the confinement ($N = 23.6; \text{SD} = 6.2$; Student's t-test, $p < 10^{-15}$).

Quite surprisingly, we therefore saw a sharp drop (in the order of 60%) in psychiatric emergencies at the CPOA during the confinement. Several factors could explain this phenomenon:

1) Many patients may have decided to postpone their consultation because of the fear of being exposed to the virus (Asmundson and Taylor, 2020). Numerous calls to the CPOA were questions about preventive and hygienic measures, demonstrating a perceptible concern. We explained all the safety procedures (social distancing, configuration of the waiting room, cleaning of the consultation boxes, masks, hydro-alcoholic solutions etc...), but we are uncertain if this has reassured them adequately.

2) Other patients may have waived consultation for fear of being fined by the police for non-compliance with confinement. The exemption certificate stipulates, however, the ability to travel for “consultations and care that cannot be deferred”. In addition, we provided certificates of attendance. Public transport restrictions could also have played a role in this decline.

3) Many services and structures that refer patients to the CPOA, such as private psychiatrists, general practitioners and somatic emergency centres are either less frequently consulted (apart from patients being consulted for COVID-19) or temporarily closed (for example, all associative structures).

4) Firefighters and the police are referring fewer patients with behaviour eliciting a psychiatric disorder, because there are fewer people in general, and psychiatric patients in particular, on public highways.

5) Lastly, it could be that most people have had a positive appraisal of the crisis and have found resilient ways to cope with the challenges they are facing. This may be preventing the development of psychopathology (Pfefferbaum and North, 2020).

2. The phone hotline

Psychiatric emergency centres are often the first point of contact with the health care system for patients with mental illness. The significant decrease in attendance at the CPOA could lead to an increase in both dramatic psychiatric situations (worsening of psychiatric disorders, acute episodes ...) and serious medical conditions (COVID-19 infections or another somatic illnesses requiring urgent care). Moreover, the family and friends of these patients often experience feelings of helplessness.

https://doi.org/10.1016/j.psychres.2020.113205

Received 12 May 2020; Received in revised form 2 June 2020; Accepted 5 June 2020
Available online 08 June 2020
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Confronted with this decrease in attendance, we decided, like other countries including China and Tunisia (Zgueb et al., 2020), to set up a telephone hotline for psychiatric evaluation and psychological assistance. “PSY ILE-DE-FRANCE” was created very quickly in less than a week. The CPOA team and the AP-HP (Assistance Publique – Hôpitaux de Paris) connected with the ARS-IDF (Agence Régionale de Santé-Ile-de-France, with support from the French Ministry of Health), in order to support patients with mental disorders, pre-existing or recently declared, and their families in the COVID-19 context, to evaluate the degree of emergency and to refer to psychiatric services when appropriate. Since April 6th, a multidisciplinary team of responders (nurses, psychologists, psychiatrists) were able to discuss each individual situation with the patient or with his relatives, and advise not to postpone psychiatric consultations when necessary.

3. Conclusion

Our entire CPOA team and French public mental health services had to adapt quickly to changes in mental health care utilisation following the COVID-19 pandemic and the confinement, in order to prevent inestimable damage from a secondary psychiatric crisis (Taylor, 2019).

Role of the funding source

There is no funding source.

The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

CRediT authorship contribution statement

Alexandra Pham-Scottez: Writing - original draft. Jérôme Silva: Formal analysis. David Barruel: Resources. Valérie Dauriac-Le Masson: Resources. Lioua Yon: Writing - review & editing. Anne-Kristelle Trebalag: Writing - review & editing. Raphaël Gourevitch: Conceptualization, Supervision, Writing - review & editing.

Declaration of Competing Interest

We declare no competing interests.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.psychres.2020.113205.

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