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Letter to the Editor

Impact of COVID-19 on psychiatric day care services

The coronavirus disease 2019 (COVID-19) has had a major impact on psychiatric day care services as well as general mental health services (Moreno et al., 2020; Tandon, 2020). Psychiatric day care services are provided to prevent the relapse of mental illnesses and facilitate the recovery of social functioning (Yoshimatsu et al., 2002). In April 2020, the Japanese government issued a stay-at-home order, and, consequently, psychiatric day care services were discontinued. In response to the governmental order, the services were discontinued from 8 April 2020 to 25 May 2020. During the period of discontinuation, the medical staff called the patients regularly (on a daily to weekly basis, depending on the case) to follow up on their clinical situation. When the services were restarted, the patients were asked to complete a simple questionnaire, which was clinically designed to evaluate their situation and was used to help restart the services.

Our psychiatric day care services comprise many programs (6 h/day), such as exercise, craft, recreation, and skill training. Due to the restrictions imposed by the Japanese government, the services were discontinued from 8 April 2020 to 25 May 2020. During the period of discontinuation, the medical staff called the patients regularly (on a daily to weekly basis, depending on the case) to follow up on their clinical situation. When the services were restarted, the patients were asked to complete a simple questionnaire, which was clinically designed to evaluate their situation and was used to help restart the services.

In the present study, the patients’ questionnaire responses and clinical information were analysed. The procedure of this study was approved by the Institutional Review Board of the Shimofusa Psychiatric Medical Center (020716002). Forty-five patients (mean age: 45.7 ± 15.0 years, female = 15, schizophrenia/schizoaffective disorder = 30, living alone = 12) completed the self-report questionnaire (response rate: 100%). The questionnaire included an introduction and 10 items; each item had three choices (Yes, No, and Unknown). The introduction clarified that the items were regarding the discontinuation of services due to COVID-19. The following items were included: 1. Did you maintain your regular routine? 2. Were your sleeping patterns disrupted? 3. Did you do any exercise? 4. Did you continue taking your medications? 5. Did your symptoms worsen? 6. Did you want to go to day care? 7. Did you want to discontinue your day care services? 8. Did you complete your housework and/or engage in hobbies? 9. Were you stressed? 10. Did you experience anything good? In the analysis, all items were converted to binary data (yes or not yes [i.e., no/unknown]). In addition, the patients’ clinical characteristics (age, sex, diagnosis [F2 or not], duration of illness, duration of services, living arrangement [alone or with someone], use of home nursing services, and frequency of the day care services) were obtained from their medical records. Item 5 (yes’ indicated recurrence of symptoms) was selected as a dependent variable. In a pre-analysis screening, each variable was evaluated using the Student’s t-test or Fisher’s exact test (two-tailed) between patients with and without recurrence. Subsequently, age, sex, and significant factors found in the screening were included in the logistic analysis as independent variables. A p-value <0.05 was considered significant.

Ten patients (22.2%) reported symptom exacerbation. Disrupted sleeping patterns (16.8%), stress (42.2%), and loss of motivation regarding day care services (15.6%) were also reported. In contrast, 16.8% maintained their regular routines, 68.9% exercised, 97.8% continued taking their medications, 68.9% expressed their desire to receive the day care services, 73.3% completed their housework and/or engaged in hobbies, and 53.3% experienced something good. The screening showed that maintaining a regular routine (p = 0.048) and loss of motivation (p = 0.034) were significantly associated with exacerbation of symptoms. Logistic analysis revealed that maintaining a regular routine (p = 0.036, odds ratio [OR] = 0.16 [confidence interval: 0.02–0.84]) and loss of motivation (p = 0.023, OR = 10.42 [1.52–99.50]) were significant factors. Although the present study had many limitations (small sample size, limitations related to study design, and self-report nature), the findings suggest that maintaining a regular routine played a crucial role in the prevention of recurrence when day care services were discontinued due to COVID-19. Loss of motivation regarding day care services might have been reflected in their recurrence. Contrary to our expectations, most patients survived through unpredictable and uncertain situations. Regular calls from medical staff might be beneficial in supporting patients’ regular routines. The COVID-19 pandemic is unpredictable and providing continuous support to help patients maintain their regular routines might be important to minimise the impact of COVID-19 on psychiatric patients.

Funding

The authors report no sources of funding on this study.

Declaration of Competing Interest

The authors report no conflict of interest on this study.

Acknowledgments

We thank the patients and their families who contributed to this study.

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https://doi.org/10.1016/j.ajp.2020.102442

Received 11 August 2020
Available online 9 October 2020
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Akihiro Koreki
Department of Neuropsychiatry, National Hospital Organization Shimofusa
Psychiatric Medical Center, Japan

Jun Nakane
Department of Neuropsychiatry, National Hospital Organization Shimofusa
Psychiatric Medical Center, Japan

Shinobu Kitadaab
Department of Nursing, National Hospital Organization Shimofusa
Psychiatric Medical Center, Japan
Department of Occupational Therapy, National Hospital Organization
Shimofusa Psychiatric Medical Center, Japan

Takehiro Hamaya
Department of Occupational Therapy, National Hospital Organization
Shimofusa Psychiatric Medical Center, Japan

Hiromi Ishiia,b
Department of Nursing, National Hospital Organization Shimofusa
Psychiatric Medical Center, Japan

Kasumi Akimoto
Department of Occupational Therapy, National Hospital Organization
Shimofusa Psychiatric Medical Center, Japan

Kyoko Aso
Department of Occupational Therapy, National Hospital Organization
Shimofusa Psychiatric Medical Center, Japan

Mitsumoto Onaya
Department of Neuropsychiatry, National Hospital Organization Shimofusa
Psychiatric Medical Center, Japan

*Corresponding author at: Department of Neuropsychiatry, National
Hospital Organization Shimofusa Psychiatric Medical Center. 578
Hetacho Midori-ku, Chiba 266-0007, Japan.
E-mail address: koreki.akihiro.th@mail.hosp.go.jp (A. Koreki).