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Role and importance of consultation-liaison psychiatry during the Covid-19 epidemic

Mathilde Horn^{a,*}, Benoit Granon^a, Guillaume Vaiva^b, Thomas Fovet^a, Ali Amad^a

^a Univ. Lille, Inserm, CHU Lille, U1172 - LiNCog - Lille Neuroscience & Cognition, F-59000, Lille, France

^b Centre National de Ressources et Résilience pour les Psychotraumatisme Lille Paris (CN2R), F-59000 LILLE, France

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An epidemic of coronavirus disease 2019 (Covid-19) has spread worldwide rapidly. This unique situation has represented a significant challenge to our society and healthcare system. Several studies have pointed out the critical role of mental health services in this epidemic, not only because of the psychological impact on the general population but also because of the particular vulnerability of patients with mental illness [1,2]. Mental health services have also been actively engaged in support of healthcare workers [3]. In this letter, we would like to emphasize the importance and the role of consultation-liaison psychiatry (CLP) in this unprecedented sanitary crisis.

The CLP professionals actively participate to the management of psychiatric manifestations, the understanding of atypical symptoms and the diagnosis of complex cases in patients from the general hospital. They also contribute to support healthcare workers in their occupation in the general hospital services [4]. These activities have been quickly and deeply impacted by the Covid-19 epidemic, and we wish to attest how our service of CLP (University Medical Center of Lille with a capacity of more than three thousand beds) has been affected by this crisis.

First, we have encountered numerous hospitalized Covid-19-patients with anxiety and stress symptoms. These symptoms, which are well described in general population ([5] for review), have been suggested to result from the unpredictability and the seriousness of the disease, the social isolation and the widespread media coverage [6]. Covid-19-patients in intensive care units also frequently presented post-traumatic symptoms related to the rapid deterioration of their medical condition and subsequent intubation, commonly without sedation.

Second, we have been strongly marked by the unusually high number of patients who had committed severe violent acts, particularly

homicides followed by suicide attempts. In the last month, we have been solicited five times regarding such situations whereas we usually encounter them no more than once a year. Half of the patients have perpetrated their offence after alcohol consumption that has considerably increased during the quarantine period [7]. The other half had committed their attack while presenting psychotic symptoms. We believe that social isolation of vulnerable patients, often associated with treatment discontinuation and limited access to care, played a major role in these dramatic outcomes.

Another important part of CLP activity corresponds to the management of neuropsychiatric manifestations and the identification of symptoms that are not usually attributed to psychiatric disorders. We thus have been asked about several post-covid neuropsychiatric symptoms such as anxiety, confusion, altered consciousness and catatonia. Indeed, patients with Covid-19 appear to be at risk for neuropsychiatric symptoms and disorders such as delirium, encephalopathy, anxiety, altered consciousness, depressed mood, and insomnia [6].

Finally, our CLP service has been largely involved in the support of healthcare professionals from other medical disciplines who have been widely exposed to an increased risk of being infected. Concerns about contracting the virus and bringing it home to family members, increased workload, and subsequent physical and mental fatigue were the most frequent problems. In addition, numerous professionals who were not directly involved in the management of Covid-19-patients have also been impacted by the sanitary crisis [2]. Many of them had to face re-organization factors, such as the deployment to new hospital wards, the lack of personal protection equipment and the rapidly changing information while feeling of being insufficiently supported [8]. Interestingly, even if exceptional measures have been developed such as critical

* Corresponding author.

E-mail address: horn.mathilde@gmail.com (M. Horn).

incident stress debriefing or phone hotlines, healthcare professionals were largely reluctant to participate in these interventions [8,9]. However, contrary to these special actions, the usual availability and presence of the consultation-liaison psychologists in the different hospital divisions allowed psychological interventions and informal support of the healthcare workers.

Because of the Covid-19 pandemic, CLP has been confronted to fundamental challenges in its activity: the psychological impact of the epidemic on the patients, the urgent and essential needs of people with severe mental illness, the identification and management of Covid-19 neuropsychiatric manifestations and the support of healthcare workers. Lipowski has defined CLP as being everything which concerns psychiatry occurring within the general hospital and outside the psychiatric units [10]. Our recent experience tends to confirm Lipowski's statement and attests of the crucial role of CLP in an integrative and comprehensive health care approach.

Disclosure statement

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