students, suggesting that timely screening and appropriate interventions are urgently needed to reduce anxiety in adolescents.

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Disclosure statement

The authors declare no conflict of interest.

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

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On 17 March 2020, a national lockdown began in France in response to the COVID-19 pandemic. Loneliness and social isolation caused by social distancing are long-established major risk factors for a number of psychiatric disorders.[1,2] Quarantine and lockdown have other psychological consequences, such as boredom, irritability, and sleep dysregulation, which are associated with first-episode emergence of psychiatric disorders as well as the exacerbation of pre-existing psychiatric conditions.[3,4] Contamination fear has additional stress associations, for example anxious and obsessional symptoms, or delusional symptoms.[5]

In addition, psychiatric services have had to be reorganized[5,6] to reduce contact among patients and between patients and professionals; for example, restricting consultations to severe cases; reorganization of health care via teleconsultation; early hospital release and restrictions on new hospitalizations; and closure of daily care facilities. Consequently, patients may have experienced 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 a break in follow-up and ongoing treatment, thereby increasing emergency consultations during lockdown.[7]

This study aimed to compare the number and characteristics of emergency psychiatric consultations during the first 4 weeks of the lockdown in three psychiatric emergency services from Paris and its suburbs, and to compare them to the same period in 2019.

Three psychiatric emergency centers took part in the study: one in Paris, and one each in adjacent suburban cities, Colombes and Créteil.

We assessed and compared the number and characteristics of emergency consultations during the first 4 weeks of the French lockdown and of the corresponding weeks of 2019. The data from the three centers were pooled. Concerning the categorical variables, the proportions of each sociodemographic, clinical, and outcome category were compared between 2019 and 2020 using two-tailed χ^2-tests, with the null hypothesis of an absence of difference between 2019 and 2020. Additional details concerning the data collection and statistical analyses are available in the supplementary materials (Appendix S1).

The study was performed in accordance with the Declaration of Helsinki. The data were extracted anonymously from registers, in accordance with the ethical standards of the French National Data Protection Authority.

During the first 4 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.

The decrease concerned all psychiatric diagnoses, 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%). Total suicide attempts also decreased in 2020 to 42.6% of those in 2019.

The diagnostic pattern of presentations significantly changed, with the percentage of consultations for psychotic disorders increasing (31.1% in 2020 vs 24.1% in 2019), and the percentage of anxiety and stress-related disorders decreasing (16.6% vs 20.8%). The rate of first-episode psychiatric consultations decreased (13.8% vs 20.1%). Hospitalization without patients' consent increased (54.2% vs 43.8%). More details are available in Table 1.

Given the multifaceted stressors associated with lockdown, the above results show a surprising 54.8% drop in the number of psychiatric emergency consultations during the first 4 weeks of the COVID-19 pandemic. This decrease is evident in the three considered emergency departments and across all psychiatric diagnosis categories, and also concerns suicide attempts.

This decrease is not specific to psychiatry: a greater than 50% decrease in daily total consultations was reported in the West China Hospital emergency,[8] and similarly in England.[9] Clearly, a fear of contamination in emergency departments has contributed to this. Moreover, unnecessary hospital emergency department visits may have decreased. In France, and elsewhere, recent decades have seen a significant increase in the number of emergency department consultations.[10] This increase is contributed to by multiple complex factors, including a deterioration in accessibility of primary care services, leading to unnecessary visits. The treatment gap in psychiatry, the gap between experiencing a psychiatric disorder and using treatment services for this disorder, has already been described.[7] Our results seem in line with this, given the significant increased proportion of

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Table 1 Number of emergency psychiatric consultations, clinical characteristics, and orientation of patients during the first 4 weeks of lockdown (2020) compared to the corresponding period in 2019

	2019				2020				*P*-values[†]
	Paris	Créteil	Colombes	Total: *n* (%)	Paris	Créteil	Colombes	Total: *n* (%)	
Number of consultations	762	324	138	1224	296	170	87	553	
Age ranges (years)									
<16	0	0	6	6 (0.5%)	0	0	1	1 (0.1%)	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									
Male	418	164	59	641 (52.3%)	174	81	38	293 (53.0%)	0.810
Female	344	160	79	583 (47.6%)	122	89	49	260 (47.0%)	
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 (6.6%)	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[‡]									
Yes	158	NA	25	183 (43.8%)	65	NA	25	90 (54.2%)	**0.022**
No	202		33	235 (56.2%)	56		20	76 (45.8%)	
Suicide attempts									
Yes	53	NA	22	75 (8.4%)	23	NA	9	32 (8.4%)	0.812
No	651		114	765 (85.2%)	266		78	344 (89.8%)	
Unavailable data	58		0	58 (6.5%)	7		0	7 (1.8%)	
First psychiatric consultation rate									
Yes	153	NA	NA	153 (20.1%)	41	NA	NA	41 (13.9%)	**0.018**
No	600			600 (78.7%)	252			252 (85.1%)	
Unavailable data	9			9 (1.2%)	3			3 (1.0%)	

Significant associations ($P < 0.05$) are highlighted in bold.
[†]Comparison of 2019 vs 2020 by χ^2-test, with the proportion of each category compared between 2019 and 2020.
[‡]Among hospitalizations.
NA, not available.

consultations for psychotic disorders, and of hospitalizations without consent, coupled with the significant decrease in primary psychiatric consultations. For the most severe psychiatric disorders, emergency consultations are more necessary, and the decrease is less important.

The development of telemedicine would also seem to have contributed to our results. The 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. Finally, as some people may find new strengths and coping strategies during disasters, the current results may arise from an elevation in resilience capacity.

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. Clearly, COVID-19 has had an impact on psychiatric service utilization and will continue to do so,[6] whilst also having possible implications for the nature of psychiatric service organization.

The data are available on request.

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Disclosure statement

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

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Supporting information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site:

Appendix S1 Supporting information.

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Mental health of medical professionals during the COVID-19 pandemic in Togo

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The coronavirus (COVID-19) pandemic had spread quickly around the world. As of 18 May 2020, there are more than 4 million confirmed cases worldwide. The continuous and rapid spread of the COVID-19 pandemic has had psychological impact on the general population and especially on health-care professionals who have experienced extraordinary stress levels daily and high rates of psychiatric morbidity.[1]

The prevalence of mental health disorders related to COVID-19 is high in the general population and in health-care staff in many countries,[2] but little is known about this frequency in Africa where the number of infections is lower compared to frequencies reported in other continents. Findings of COVID-19 impact on mental health of medical staff are mainly done outside African countries, including Togo. To date (18 May 2020), we have had 330 confirmed cases with 106 recovered cases and 12 deaths due to COVID-19 in Togo. Due to this relatively small number of infections and morbidities in Togo, can we expect a low impact of COVID-19 on the mental health of Togolese medical professionals? The current research aims to examine the impact of mental health status on Togolese medical professionals during the COVID-19 pandemic. We hypothesize that Togolese medical staff may experience anxiety, depression, and psychological distress during the COVID-19 pandemic.

Sixty-two medical professionals (mainly doctors and nurses; mean age = 35.5 years, SD: 8.75 years, 56.5% women) from two Lomé medical centers at Togo's first university hospital (Sylvanus Olympio University Hospital) participated in the study. Participants completed three self-questionnaires, the seven-item Generalized Anxiety Disorder (GAD-7) Scale,[3] the nine-item Patient Health Questionnaire (PHQ-9),[4] and the nine-item Psychological Stress Measure (PSM-9),[5] to assess generalized anxiety symptoms, depression symptoms, and psychological distress, respectively. Participants were nurses (n = 20), doctors (n = 19), laboratory technicians (n = 6), and others (n = 17). The protocol for the research project was approved by the Ethics Committee of the Medico-Social Center of Adidogome and conformed to the provisions of the Declaration of Helsinki. All participants agreed to take part in this research and written informed consent was obtained from them.

During the COVID-19 pandemic, the proportions of health professionals with mild, moderate, and severe anxiety were 25.8%, 22.6%, and