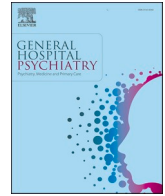




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Letter to the editor



A decrease in psychiatric consultations at the emergency room and inpatient wards of a large general hospital in Israel during the SARS-CoV-2 (COVID-19) pandemic

1. Introduction

The Tel Aviv Sourasky Medical Center (TASMC) is a 1500-bed university-affiliated institution and the main hospital of the city of Tel Aviv. It has standing protocols for contending with a variety of mass casualty threats, including those of war, terror attacks and chemical and biological threats [1–3]. However, we had no means to assess the scope of psychiatric referrals and interventions needed in the emergency room (ER) when the present large-scale SARS-CoV-2 (Covid-19) pandemic hit Israel towards the end of January 2020 [4,5].

Paradoxically, while the media reported extensively on the severe economic impact of the pandemic, and the effects of social distancing and lockdowns on people's mental conditions, we noted a clear reduction in the number of requests for psychiatric consultations for patients in the ER and for those hospitalized in our medical center.

In this study, we describe the changes in the volume of psychiatric consultations in the ER and all other hospital wards during 2020, and compare the figures to non-pandemic eras.

The total number of psychiatric consultations provided by the staff of the division of psychiatry was retrieved from the institutional database. The figures were sorted by months over a period of 5 years: 2020 (the COVID-19 year) and the four preceding years. Psychiatric consultations were divided into adult (age 18 and above) and child-adolescent age groups.

The number of adult psychiatric consultations per month was consistent and stable throughout 2016–2019, during which the average number of consultations per month ranged between 381 in 2016 and 339 in 2019. In 2020, the number of consultations dropped to an average of 262, with a sharp reduction to only 204 consultations in March 2020 (the 1st lockdown) (Fig. 1). Adult psychiatric consultations solely for ER patients had a similar pattern to that of ER and inpatients consultations combined (supplementary Fig. 2). The monthly child and adolescent psychiatric consultations ranged between 15 (March 2020) and 53 (May 2018), with no difference by years and months (supplementary Fig. 3).

The total number of all cause adult ER admissions in 2020 was considerably lower than in previous years (61.8% of all admissions in 2016, supplementary Fig. 4), and the proportion of psychiatric consultations out of all ER admissions was lowest in 2020 (1.6%) when compared to previous years. (supplementary Fig. 5).

Our observation, that the overall number of psychiatric consultations requested during 2020 was notably lower than in previous years, is intriguing. The increase in the number of COVID-19 inpatients was accompanied by a decrease in the number of ER admissions, the latter from about 140,000 each year during 2016–2019 to 111,750 during 2020. This might be explained by the reluctance of patients with other acute conditions or exacerbations of chronic medical conditions to

approach the ER for fear of contagion, or due to lockdown measures.

Given the vast media coverage describing the deterioration of mental conditions of many, and the surge described in numbers of newly anxious or depressed individuals affected by the economic and social burdens, we expected an increase of requests for psychiatric interventions in the ER. The fact that the proportion of psychiatric evaluations requested of all ER admissions during 2020 dropped to 1.6% may indicate that the psychiatric ER patients shared the same pattern of all cause admissions – and did not approach the ER. Also of interest is the reduction in the number of psychiatric consultations requested for inpatients, at a time in which the number of hospitalized patients remained unchanged.

Aside from fear of contagion and lockdown measures, another possible explanation for our observations is that at times of severe crisis, when “everybody is stressed out”, it becomes “the norm” and people do not rush to seek medical intervention, as there is no real pill to prescribe for the reality. Yet another possibility is that the vast majority of people actually reacted adaptively to an abnormal prolonged dangerous situation, but the “rating-hungry” media exaggerated reports of national distress. Last but not least, when facing a severe external crisis, many people manage to “recruit forces” and cope, breaking down only later-on once the danger has decreased.

Further study is needed in order to characterize the type of mental health pathologies that were encountered during the COVID-19 pandemic and how they were managed in comparison with non-pandemic years, as well as the fairly common phenomenon of post-traumatic growth (PTG), reported by individuals as a result of coping with highly challenging life crises [6,7].

Author statement

For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following.

Shaul Schreiber, MD – Conceptualized the study, wrote the 1st original draft, validated the data and approved the final manuscript.

Oren Tene, MD - Reviewed and edited the draft, and approved the final manuscript.

Clara Mordel, MD - Validated the data, reviewed the draft and approved the final manuscript.

Anat Sason, MSc – Was the project administrator and assisted with

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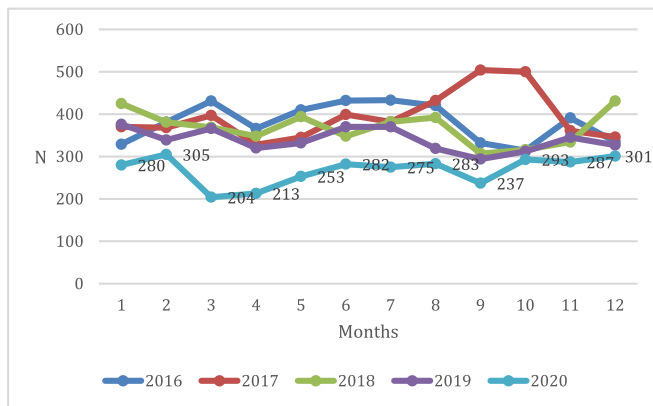


Fig. 1. All adult psychiatry consultations (ER and wards) at the TASMIC by months & years.

ER- emergency room; TASMIC – Tel-Aviv Sourasky Medical Center.

data collection, reviewed the draft and approved the final manuscript.

Einat Peles, PhD – Performed data analysis, reviewed the draft and approved the final manuscript.

Disclosures

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.genhosppsych.2021.02.005>.

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