

Impact of Covid-19 on admissions to an Irish Approved Centre

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Background

The COVID-19 pandemic is causing increasing disruption to, and demand for, mental health services internationally (1). While services have attempted to cope, patients have been more reluctant to present to healthcare settings for fear of contracting the virus (2). Tele-psychiatry, which has sought to bridge this care gap is limited by patient factors such as age, technological agility and the digital divide – the uneven distribution of access to the required technology (3).

These factors have impacted the ability of mental health services to respond promptly to those suffering from serious mental illness. Given that timely psychiatric intervention in the community can spare the need for an inpatient admission (4), admissions to mental health approved centres may have been impacted by COVID-19.

Elm Mount Unit ("Elm Mount"), situated in St. Vincent's University Hospital, is one such approved centre. It is a 36-bedded unit providing in-patient treatment to the Dublin South East population of CHO6 incorporating acute and sub-acute admissions units with three dedicated beds for patients with eating disorders and a separate psychiatry of old age unit.

There is relatively little data available focussing on the impact of COVID-19 on admission rates to psychiatric inpatient units in Ireland. Permission for this Service Evaluation was obtained from the Clinical Directorate.

Aims and Objectives

Aim: To compare the admission rates at Elm Mount during 2020 with 2018 and 2019 and to describe the burden of illness among those admitted in 2020 compared to preceding years.

Objectives: To compare the following data regarding admissions to Elm Mount between 2018-2020:

1. Overall number of admissions per month.
2. The legal status of patients on admission.
3. Patient demographics including age and gender.
4. Diagnosis of patients admitted.
5. Length of stay.
6. Source of referral.

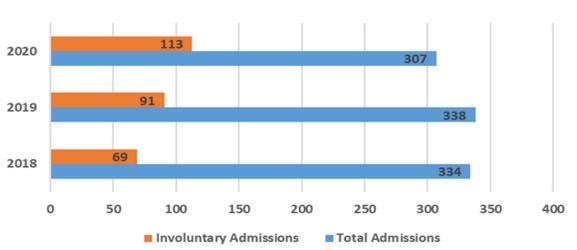
Methods

The electronic Admissions database at Elm Mount was analyzed for 2018, 2019 and 2020. This database is kept in a secured folder accessible only to authorised staff.

All admissions during these years were examined and information relating to admission rates, patient demographics, legal status, primary diagnosis, and length of stay were extracted for analysis.

Results

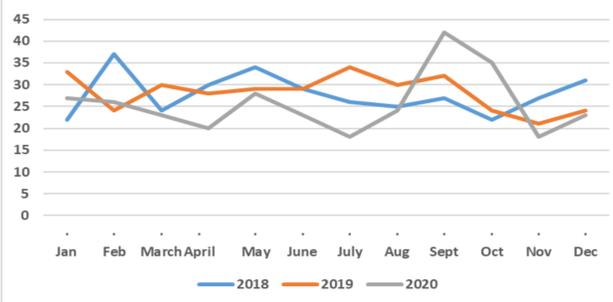
Involuntary Admissions as a proportion of Total Admissions



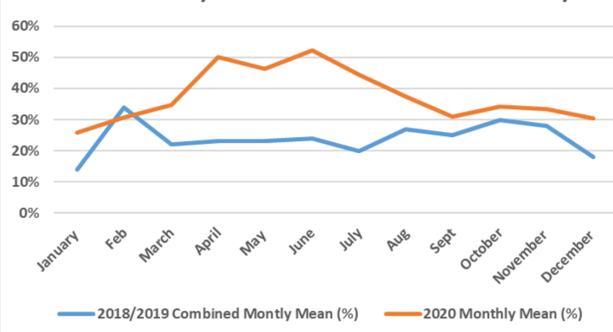
Admissions 2020

- 307 total admissions (voluntary and involuntary)
 - 9% reduction on average of 2018/2019
- 113 involuntary admissions
 - 41% increase on average of 2018/2019

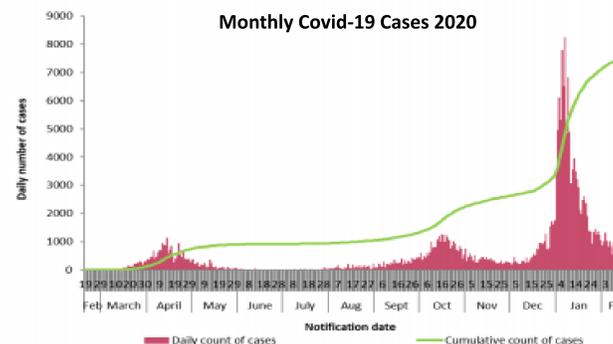
Total Monthly Admissions



% of Montly Admissions Admitted Involuntarily



Monthly Covid-19 Cases 2020



Covid-19 Trends

First Wave (Onset March 20)

- Between March-April 20
 - 30% decrease in overall admissions compared to 18/19.
 - Sharp increase in involuntary admissions reaching 50% in April, compared to static mean of approx. 23% in 2018/2019.

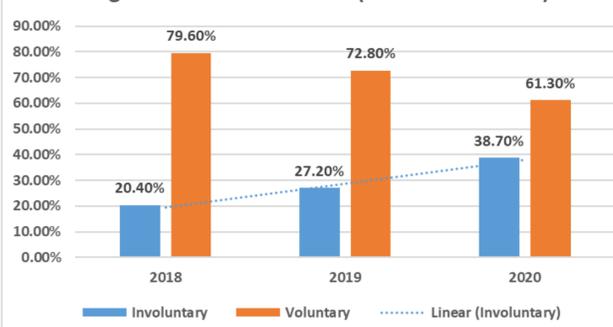
Second Wave (Onset August 20)

- Sharp rise in total admissions to Elm Mount between August-September reaching 42 in September – the highest monthly no. of admissions across the study period.

Involuntary Admission Trends

- 38.7% of total admissions admitted involuntarily between March – December 2020.
- This compared to 27.2% in 2019 and 20.4% in 2018 for the corresponding period.

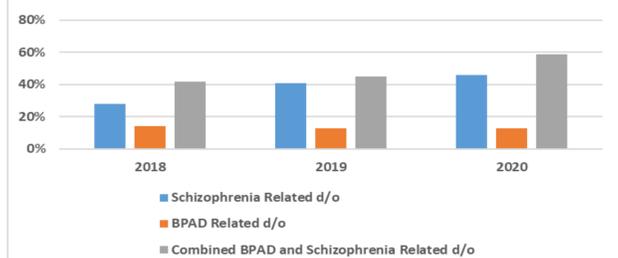
Legal Status on Admission (March-December)



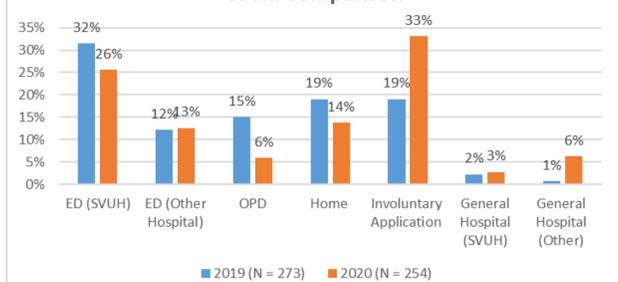
Schizophrenia/BPAD Diagnosis on Admission

- 60% of admissions in 2020
 - 7% increase on 2019 (53% of admissions)
 - 18% increase on 2018 (42% of admissions)

Schizophrenia and BPAD related Disorders on Admission



Referral Sources between March and December Covid Comparison



Sources of Referral – Covid-19 Comparison

Between 2019 and 2020, there was a reduction in referrals from out-patients (8.7%), Home (4.1%), Emergency Departments (6.6%), General Hospital (3.9%) and an increase in involuntary applications (16.3%).

Discussion

The admission rates and characteristics of admissions to Elm Mount for 2020 is different from preceding years with patients more likely to be admitted involuntarily and to be treated for schizophrenia or bipolar illness indicating a greater severity of disease among admissions during 2020.

While mean number of involuntary admissions for 2018/2019 was relatively static month on month, the 2020 data demonstrates a sharp increase in admissions from March continuing until June after which the rates decline but remain greater than the 2018/2019 mean.

When these trends are read in the context of Ireland's Covid-19 experience it is interesting to note the sharp rise in involuntary admissions between March and April 2020 coinciding temporally with Ireland's first national Stay At Home policy. From this point in time Public Health social distancing guidelines fundamentally altered the way healthcare services operated, and despite some reopening of society during Summer 2020 this sharp rise persisted throughout. There are several potential explanations for these trends:

First, the stress and isolation of national lockdown may have precipitated episodes of severe mental illness such as psychosis.

Secondly, it is possible that the public health National Stay at Home policy led to an unwillingness on the part of some with mental illness to attend services.

Thirdly, the affect of public health measures on mental health services in may have negatively impacted timely intervention.

Fourthly, patients may have been unwilling to enter hospital voluntarily due to Covid-19 concerns.

What is clear is that there has been an increase in involuntary admissions to Elm Mount in 2020, a trend which has commenced and continued since the advent of Covid-19 to our shores.

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References

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