

Icebergs and Tsunamis: Covid-19 and the Impact on Referrals to Psychiatry in those 65 years and Older in a Large Academic Hospital's Emergency Department

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Introduction

With the outbreak of Covid-19 in 2020 and the ongoing related restrictions, there is growing concern about the effect of the pandemic on the mental health of the general population¹. Older persons with complex medical issues and mental health disorders, including cognitive impairment, require special consideration among the wider population during the pandemic².

In older persons, the morbidity and mortality with Covid-19 is much higher and they are also disproportionately affected by requirements to restrict their movements and reduce contacts, worsening issues such as social isolation³. There is concern that the predicted 'tsunami' of issues such as depression after the Covid-19 pandemic will be not only due to psychological influences, but also because of the contribution of post viral inflammatory factors³.

Before Covid-19, there were recognised issues with older persons seeking help with mental illness, with the stigma associated with disorders such as depression, having a negative influence on attitudes and intentions towards seeking help⁴. Old age psychiatry is built on strong partnerships with primary and secondary care, good communication with patients and carers, with a reliance on community services, which have all been affected by Covid-19 restrictions⁵.

There is also evidence of significantly less presentations of mental illness and self-harm to primary care, with lower rates of referral to mental health services⁶. There is growing concern that the current situation may be just the 'tip of the iceberg' with respect to the impact of the psychological and physical health of the population⁷.

The ED of St. Vincent's University Hospital (SVUH), serves the South-East Dublin region and beyond, with a population of over 300,000 and treating over 55,000 ED attendances every year⁸. It is the only ED within CHO6, which encompasses South Dublin, Dun Laoghaire and East Wicklow mental health catchment areas. This population consists of roughly 60,000 people over the age of 65 years, all of whom are served by the ED in SVUH for urgent psychiatric assessment.

Objectives

It has been widely assumed that the Covid-19 pandemic has had a negative influence on the mental health of older persons in the population and may have altered the way this cohort are presenting to psychiatric services.

- The objective of this study was to measure in detail, the characteristics of the psychiatric presentations to this ED in those aged 65 years and older during April to September 2020 and compare it to the same period in 2019.
- The aim of this, was to measure the potential impact Covid-19 had on this cohort and to gain insight into their mental health needs, during a pandemic which has likely to have disproportionately affected them as an age group.
- Due to the difficulties in providing community psychiatric services to those aged 65 years and older during the Covid-19 pandemic, the authors postulate that this is the 'tip of the iceberg' who presented to ED.
- it is hoped that this can give an insight into the potential difficulties and morbidity which exists in the community and consequently how best to plan for the predicted 'tsunami' of mental health needs that may occur once the pandemic subsides.

Methods

- Anonymised data on presentations to the ED in those 65 years and older, for the six-month period from April to September in both 2019 and 2020, were available from the psychiatry department's electronic database.
- In addition to those aged 65 years or older, the number of overall presentations to the ED and the number of referrals to psychiatry under 65 years were also measured, to provide context.
- For inclusion, the authors analysed the electronic database for all patients who were aged 65 years or older at the time of referral to psychiatry in the ED.
- Specific emphasis was then given to the number of presentations, reason for referral to psychiatry (with exploration into suicidal ideation, self-harm and psychosis), incidence of alcohol issues: alcohol misuse or dependence, method of presentation, length of stay and outcome following assessment.
- Descriptive statistics were used to describe the pattern of referrals to psychiatry in ED within this cohort, during the 2019 and 2020 time periods.

Results

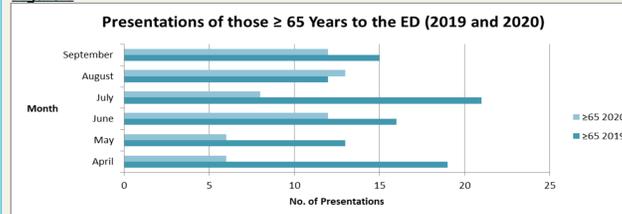
During April to September 2019 there were an overall total of 30,162 presentations to the ED. This number fell by 2,245 during the same time period in 2020. The most significant drop in presentations was in April 2020, where the number fell by 1363.

In those referred in the ED for psychiatric assessment (all ages), the figure dropped from 871 in 2019 to 841 in 2020. Within these presentations however, there was a relative increase in presentations in the adolescent population (those under 18 years), where the figures increased from 37 in 2019 to 48 in 2020.

It was only in those who were 65 years and older, that there was a relative reduction in presentations, with a decrease from 96 (made by 88 individuals) in 2019 to 57 (made by 42 individuals) in 2020.

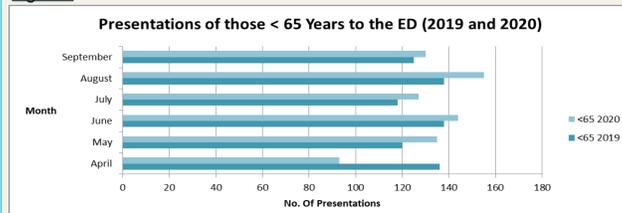
In 2019, those 65 years and older accounted for 11% of psychiatric referrals, with this being only 6.7% in 2020. Other than the month of August in 2020, the data showed that for those 65 years and older, the reduction in psychiatric referrals compared to 2019 was consistent in other months.

Figure 1



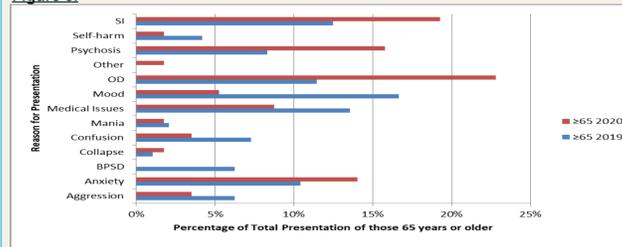
On the contrary, for those less than 65 years, every month other than April showed a larger number of psychiatric referrals in 2020 than in 2019 (See Figure 2).

Figure 2



Anxiety, suicidal ideation (SI) and overdose (OD) were the most common reason for referral to psychiatry in ED in those 65 years and older, in both 2019 and 2020 (See Figure 3). However, in the 2020 period, the proportion of person's 65 years and older referred to psychiatry for anxiety increased by 3% SI by 6% and OD by 11%. Conversely there was a reduction in the relative number of referrals for mood (11%) aggression (3%) and confusion (4%) in the 2020 period. There were no referrals to psychiatry in ED recorded for BPSD in the 2020 period.

Figure 3.



There was also a proportional increase in those 65 years and older, who were referred to psychiatry in 2020 for psychosis. Significantly, for all those 65 years and older with psychosis as a reason for referral in 2020, symptoms were deemed to be secondary to mental illness after assessment in all cases (38% in 2019). Moreover, in the months following the initial Covid-19 restrictions the data demonstrated upward trends, each month from April to September 2020, in the relative number of persons referred for SI, OD and psychosis, in those 65 years and older.

There was an increase in number of persons 65 years and older arriving intoxicated to the ED in the 2020 period, with 14% of those 65 years or older presenting intoxicated in 2020 (4% of this age group in 2019). Following assessment, there was also an increase found in the relative number in this cohort, with identified alcohol issues (harmful use of alcohol or alcohol dependence) in 2020, compared to the 2019 period (32% in 2020; 15% in 2019).

Differences were also noted in the method of presentation of persons 65 years or older presenting to the ED. In 2019 20.8% of persons were accompanied by a friend or relative, which was 10.5% in 2020. There was an increase in the proportion of patients brought in by ambulance, which was 52.6% in 2020, compared to 32.2% in 2019. There was also an increase in the percentage of those brought in by the Gardai, which was 2% in 2019 and 7% in 2020.

There was a slight decrease in the proportion of those referred by their GP (14.5% in 2019; 12.2% in 2020).

There were also changes in the proportion of persons 65 years or older who were presenting, that were currently linked to a community mental health team (CMHT). In 2020, 26% were linked with a CMHT (72% not linked; 1% not known), compared to 34% who were linked in 2019 (65% not linked; 1% unknown). There was a slight drop in those referred back to their GP, with 16% referred in 2020 compared to 20% in 2019. There was also a decrease in those referred to a CMHT for out-patient follow up following their assessment, which was 39% in 2020 and 42% in 2019.

Discussion

There was a shift in the pattern of presentations in this cohort to this ED during the 2020 period compared to 2019. The authors postulate that this is the 'tip of the iceberg' in relation to mental health difficulties of this cohort in the community and may help predict patterns of illness and patient needs in the future 'tsunami' of mental health difficulties that may present to services.

Each month after April 2020, saw an increase in psychiatric referrals compared to 2019, for those under 65 years. For the older cohort, each of these months saw a relative reduction in referrals in 2020. It could be postulated, that this age category were more resilient in managing the lockdown measures. Alternatively, however there is a fear that there was an unmet burden of their mental health needs and they were 'suffering in silence'.

The data reflects a relative increase in the proportion of referrals in this age group for anxiety, OD, psychosis and SI. This demonstrates potentially higher levels of distress in a smaller cohort of individuals and may be a reflection of the mental health issues in older persons in the community. There was a complete absence of referrals in ED for BPSD and a relative reduction in those referred with confusion in 2020. For patients with dementia, the restrictive measures implemented during the pandemic is likely to have adversely affected patients and their caregivers, as they have been asked to isolate from their regular support systems and change their routine.

The changes in method of presentation to the ED, which were a reduction in the percentage of those accompanied by family or friends and an increase in those brought in by ambulance or Gardai, could suggest reduced social contacts in those 65 years and older and an increased reliance on emergency services due to isolation. This may also suggest that these presentations are more acute due to these patients requiring emergency services. Either way, this presents a challenge to old age psychiatry services who traditionally try to avert or prevent unplanned, emergency presentations to ED.

Old age psychiatry and primary care services in the community are not able to meet the needs of patients, in the same manner as they were before the Covid-19 pandemic. This is also likely reflected in our findings, that there was a reduction of those presenting who were previously linked with a CMHT and those referred to ED by their GP. The reduction in the proportion of patients who were referred back to their GP and CMHT following their assessment in ED, may reflect difficulties in accessing these services during the pandemic.

The authors of this paper hope that these findings, will aid in the reflection on how old age psychiatry services respond to the current Covid-19 pandemic, now and into the future. We watch from the tip of the iceberg for the feared tsunami.

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Audit Committee Approval

This service evaluation project was approved for collection and publication of this data by the Audit Committee of St. Vincent's University Hospital on the 31.05.21