

# Evaluation of the Impact of Covid-19 on an Early Intervention in Psychosis (EIP) Service

Buckley, S., Duggan, A., and O'Connor, K.; RISE, South Lee Mental Health Services, Cork.

## Introduction:

A primary aim of EIP services is to reduce delays to obtaining treatment. This is based on evidence that demonstrates that longer duration of untreated psychosis (DUP) is associated with poorer outcomes. The COVID-19 pandemic has presented unique challenges to the delivery of high quality, safe EIP services. The aim of this study was to complete a service evaluate of the impact of COVID-19 on clinical presentations, DUP, rates of self-harm, suicide, and sudden preventable deaths in RISE (Responsive Early Intervention in Psychosis Service) in South Lee Mental Health Services in Cork.

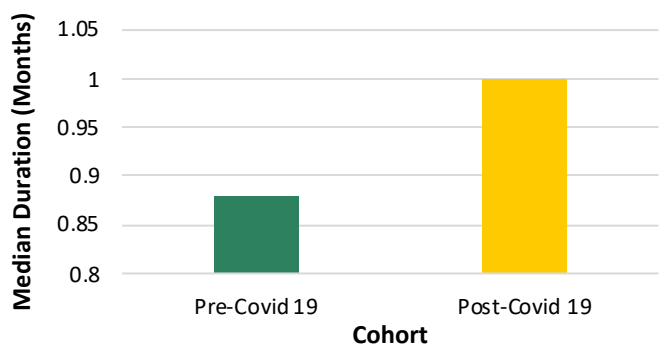
## Objectives:

1. To collect data on RISE service users': clinical presentations; DUP; rates of self-harm, suicide, and sudden preventable deaths; referral type; appointment mode; and hospitalisation rates 12 months before and 12 months post Ireland's first COVID-19 case.
2. To analyse data to determine if there are statistically significant differences between these variables when pre- and post-data are compared, and clinical/demographic variables controlled for.

## Results:

There was an 122% increase in referrals to the RISE service in the first 12 months of COVID-19 (n = 40), compared to the 12 months pre COVID-19 (n = 18). There was no significant difference in the DUP, or in secondary outcomes such as clinical presentation; number of hospital admissions; incidents of self-harm; recorded suicide attempts, and number of completed suicides. There was a significant decrease in the number of clinical appointments attended in person, with no significant difference in the number of appointments attended either by phone, or by videoconference.

Median Duration of Untreated Psychosis



## Demographics/Clinical Variables

<b>No. of Referrals</b>	<ul style="list-style-type: none"> <li>• Pre-Covid: 18 (31%)</li> <li>• Post-Covid: 40 (69%)</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Male: 36 (62%)</li> <li>• Female: (38%)</li> </ul>
<b>Age</b>	<ul style="list-style-type: none"> <li>• 33 patients aged 18-34 (57%)</li> </ul>
<b>Psychiatric Disorder</b>	<ul style="list-style-type: none"> <li>• Schizophrenia Spectrum Disorder: 4 (7%)</li> <li>• Affective Disorder: 17 (29%)</li> <li>• Substance-induced Psychotic Disorder: 10 (17%)</li> <li>• Brief Psychotic Disorder: 3 (5%)</li> <li>• Delusional Disorder: 2 (3%)</li> </ul>
<b>Recent Substance Misuse</b>	<ul style="list-style-type: none"> <li>• 22 patients (38%) - Recent defined as in month prior to presentation)</li> </ul>

## Conclusions:

COVID-19 presented significant and unique challenges to the delivery of the RISE service. Despite the significant increase in referrals, the service continued to provide a high quality and specialised service, with no delay in access to treatment. This is evidenced by the lack of significant difference in the DUP, and other key patient outcome parameters, in the pre and post COVID-19 cohorts.

### Cohorts

- City South-East (Mahon and Blackrock)
- City South-West (Togher and Ballyphehane)

### RISE Sectors

All patients referred to RISE 12 months before and after Ireland's first Covid-19 case

- **Cohort 1 (Pre-Covid):** 1<sup>st</sup> March 2019 – 28<sup>th</sup> Feb 2020 (n = 18)
- **Cohort 2 (Post-Covid):** 1<sup>st</sup> March 2020 – 28<sup>th</sup> Feb 2021 (n = 40)

**n = 58 patients**

Chart Review

### Primary Outcomes:

- Duration of Untreated Psychosis

### Secondary Outcomes:

- Referral Source
- Interventions offered/attended
- SAPS/SANS Score and GAF Score
- Inpatient Admissions/Hospital Days
- Incidents of Self-Harm/Suicide Attempts

### Clinical/Demographic Variables:

- Age
- Gender
- Psychiatric Disorder
- Alcohol/Illicit Substance abuse/dependence

## Methods:

This study is a retrospective chart review utilising data from medical records. All service users presenting to RISE over a 24-month period (12 months before and 12 months after Ireland's first COVID-19 case on 29th February 2020) are included. This establishes an epidemiologically complete cohort with differing degrees of urbanicity and socioeconomic status across Cork City. Ethical approval granted by the Clinical Research Ethics Committee (CREC) of the Cork Teaching Hospitals. Permission given by Clinical Director, Acute Mental Health Unit, Cork University Hospital. Data input and analysis was conducted using SPMM statistical software.