

Alexandra Shaw; Charlene Ng. Guy's and St Thomas NHS Foundation Trust, London, UK

Background

St Thomas's Hospital is one of the busiest A&E departments in London. Many patients present with acute mental health symptoms and are seen by the Mental Health Liaison Service for assessment and referral to community or inpatient services. The majority of patients live in the boroughs of Lambeth, Southwark and Westminster but a large number are resident outside the immediate area or are of no fixed abode.

In early 2020 the UK began to be affected by the COVID-19 pandemic. On 23rd March the Prime Minister announced the first national lockdown. The lockdown remained in force throughout April 2020 and did not start to be eased until May 2020. It has been widely reported that the lockdown caused both a notable impact on the mental health of the population and a considerable reduction in attendance at A&E. We were interested to see whether there was any difference between February 2020 and April 2020 in the number of people presenting at A&E with psychiatric symptoms, the type of presentation and eventual outcomes.

Aim

To ascertain whether there was any difference in the patient characteristics among mental health patients presenting to A&E, before and during the first lockdown due to COVID-19.

Methods

We extracted reports from our electronic patient record system for every patient in February and April who was referred by A&E to the Mental Health Liaison Service. For each patient we looked at information on the following variables :

- Date of referral
- Day of referral
- Time of referral
- Time to first contact with mental health practitioner
- Age
- Sex
- Residency (borough, out of area or of no fixed abode)
- Location of review in hospital
- Reason for referral
- Whether known to mental health services
- Whether seen by more than one Liaison team member
- Role of reviewing staff member (Mental Health Nurse, Core Trainee, Registrar or Consultant)
- Diagnosis (ICD-10)
- Outcome – admitted to psychiatric wards/ referred to Community Mental Health Team or GP/ no referral
- Whether detained under the Mental Health Act (and if so, under which section)

We examined the data relating to working age patients only. We excluded referrals rejected by the Liaison team as inappropriate.

Results

There were many fewer patients with mental health presentations in April 2020 (n=125) than in February 2020 (n=221); nearly a 50% reduction.

Waiting times improved slightly. In February 84% of patients were seen within the target time of 1 hour. In April this increased to 91%.

In February 55% of patients were male and 45% female. In April 60% were male and 40% female.

In February 66% of patients were aged 21 to 45, this decreased slightly to 62% in April.

In February and April overdose accounted for 14% of presentations. Suicidal thoughts accounted for 38% of presentations in February and 31% in April. However, deliberate self-harm rose from 1.8% of presentations in February to 8.8% in April.

In February 5.9% of patients were diagnosed with alcohol and drug related mental health disorders. This percentage more than doubled to 14% in April. Personality disorder diagnoses increased from 13% in February to 16.8% in April in line with the increase in deliberate self-harm presentations.

There were no noticeable differences in diagnoses of mood, anxiety or psychotic disorders over the period studied.

In February 21% and April 20% of patients were admitted to a psychiatric ward. However, detention under the Mental Health Act decreased from 15% in February to 9% in April.

The proportion of patients who were homeless was 10% in February and 7% in April. 43% of patients who were of no fixed abode presenting in February were detained under the Mental Health Act, whereas 11% of patients of no fixed abode were detained in April.

Discussion and Conclusions

There was a reduction of 41% in mental health presentations to St Thomas's A&E in the month after the start of the first UK national lockdown. A similar trend was seen across the UK with data showing a decrease of more than 50% in general presentations to A&E in April 2020 compared to April 2019. ¹

We suggest that the following could be reasons for the reduction in mental health presentations at St Thomas's A&E: the government's 'stay home, protect the NHS' message; patients not wanting to waste hospital time knowing hospitals were under pressure; and fear of catching COVID-19.

Fewer presentations by patients who were of no fixed abode could be due to the government providing more support for homeless people during the pandemic, including temporary accommodation. The stability afforded by temporary accommodation might be a factor which helps people with mental health problems to avoid severe deterioration in their mental health.

Reduced face-to-face community support for some patients with personality disorders might have been perceived by them as inadequate for their mental health needs. This, in addition to the fear, isolation and destabilisation created by the pandemic could have accumulated in acute mental health crises, sometimes resulting in deliberate self harm.

The increase seen in alcohol and drug related diagnoses could be linked to increased stress due to fear of COVID-19 itself, employment and financial instability, boredom and frustration during the lockdown, or grief at the loss of loved ones. Lack of face-to-face community alcohol and drug services, as well as the lack of social and emotional support from friends and family, could also be contributing factors.

These findings will help to deepen our understanding of the impact of the pandemic on mental health and service provision. It could also help us to identify the factors that lead to deterioration in mental health more broadly. It would be helpful to repeat this study using data from 1 year after the first lockdown, to enable us to examine the longer term effects of the pandemic and the lockdown.

[1] E. Kelly and Z. Firth, "How is COVID-19 changing the use of emergency care by region?," 3 June 2020. [Online]. Available: <https://www.health.org.uk/news-and-comment/charts-and-infographics/how-is-covid-19-changing-the-use-of-emergency-care-by-region>.