

# Referrals before and after COVID-19 – Unprecedented? Or business as usual?

K Borges, K Marwick, J Halford - Department of Liaison Psychiatry, St John's Hospital, Livingston, NHS Lothian

The COVID-19 pandemic has had widespread effects on the mental health of the population<sup>1</sup>. We sought to explore the implications of this on liaison psychiatry services by evaluating any change in the numbers and types of referral of acute hospital in-patients to a working age liaison psychiatry service. This was conducted at St John's Hospital (SJH) in Livingston, Scotland – a 543 bed acute hospital. The overall aim of this evaluation is to inform mental health care provision and planning<sup>2</sup>. It will provide information to guide both immediate service developments and consideration of longer term needs for future pandemic responses.

## Aims:

1. To ascertain whether there was a change in numbers of referrals
2. To evaluate the breakdown of case numbers by diagnostic category
3. To further describe the incidence and distribution of common presentations.
4. To compare the incidence of deliberate self-harm (DSH).
5. To determine the percentage of new cases seen each month in 2020 that explicitly cite lockdown as a contributing stressor.
6. To determine the percentage of patients presenting with psychosis or delirium/cognitive impairment that were also COVID-19 positive

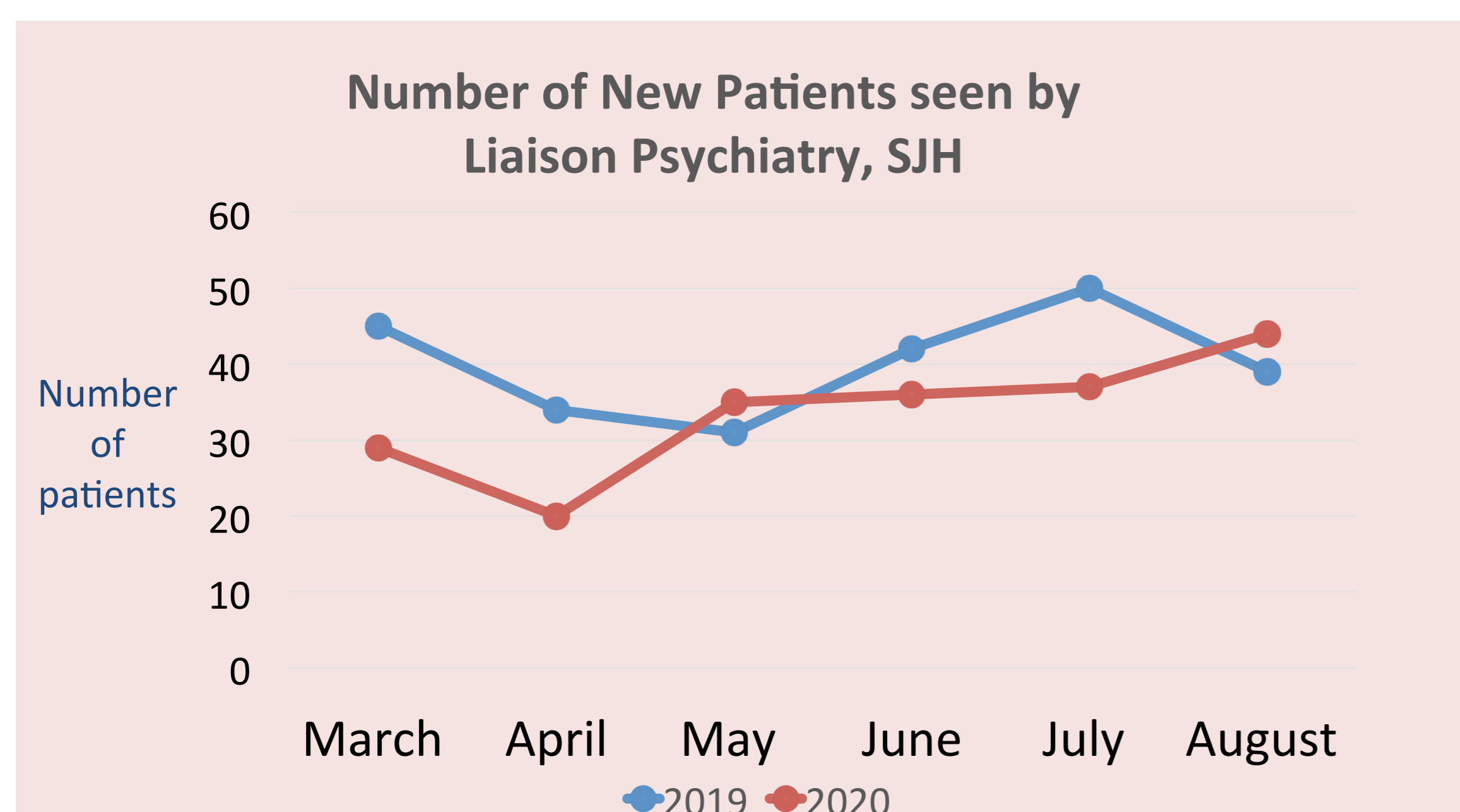
## Methods:

All new cases seen by Liaison Psychiatry at St John's Hospital, Livingston (SJH) from March to August in 2019 and 2020 were analysed.

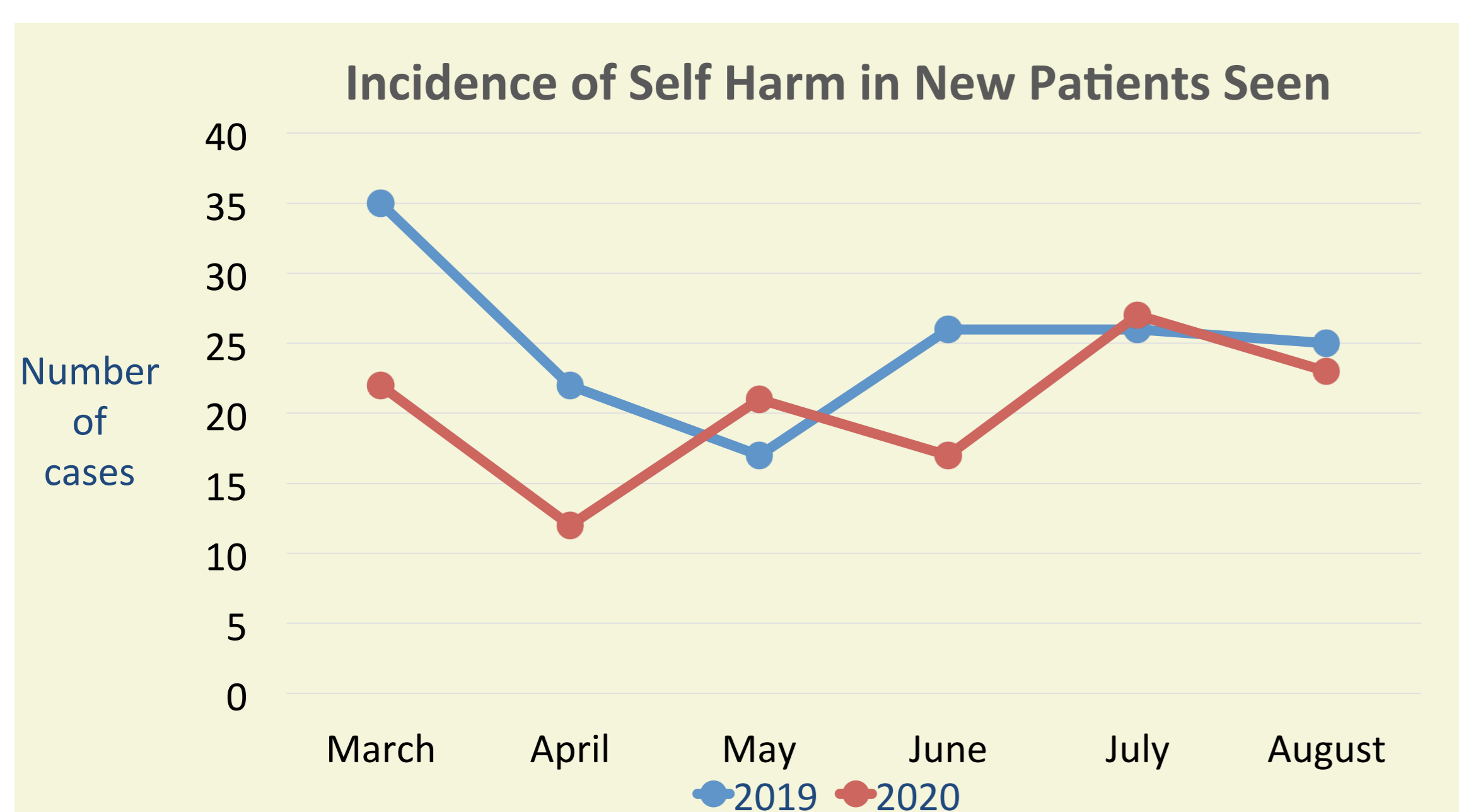
Each case was classified into 1 of 10 broad diagnostic categories. For patients with multiple psychiatric diagnoses, labels were based on the primary cause of presentation.

Cases with DSH, and cases with discharge letters that mentioned lockdown as a contributing stressor, were recorded.

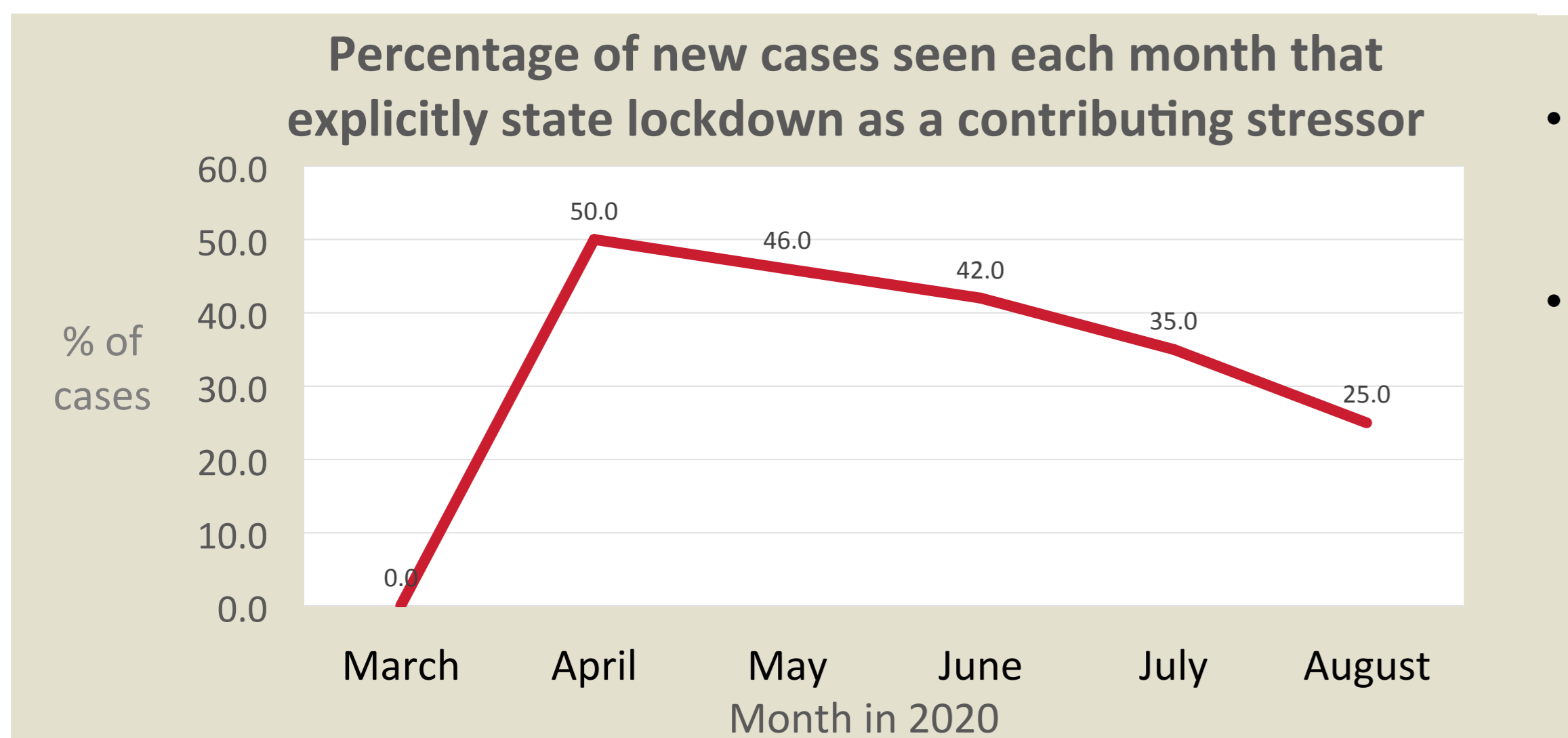
In presentations of psychosis or delirium/cognitive impairment, electronic records pertaining to two weeks before and after date of presentation, were examined for evidence of COVID-19 +ve test.



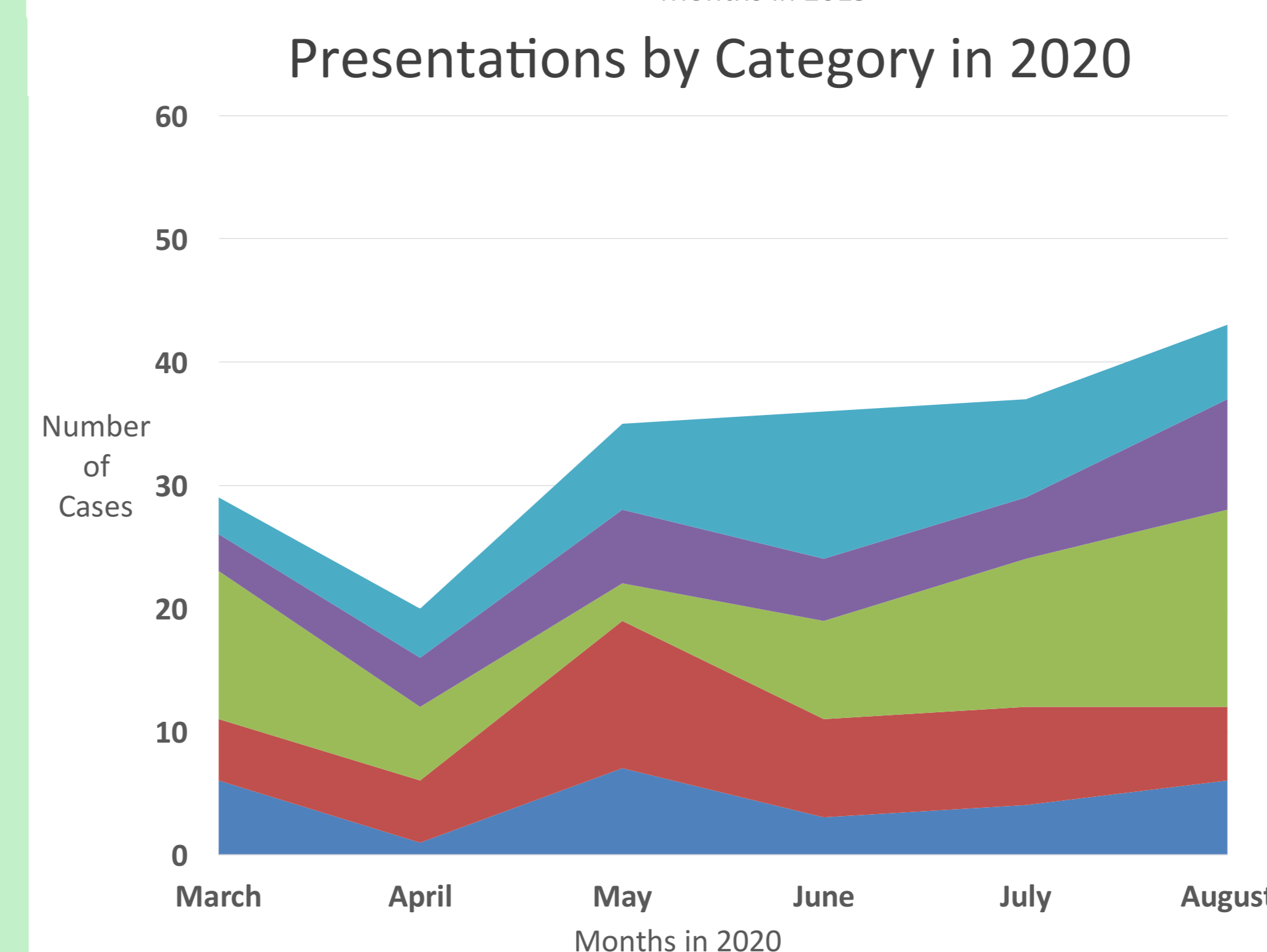
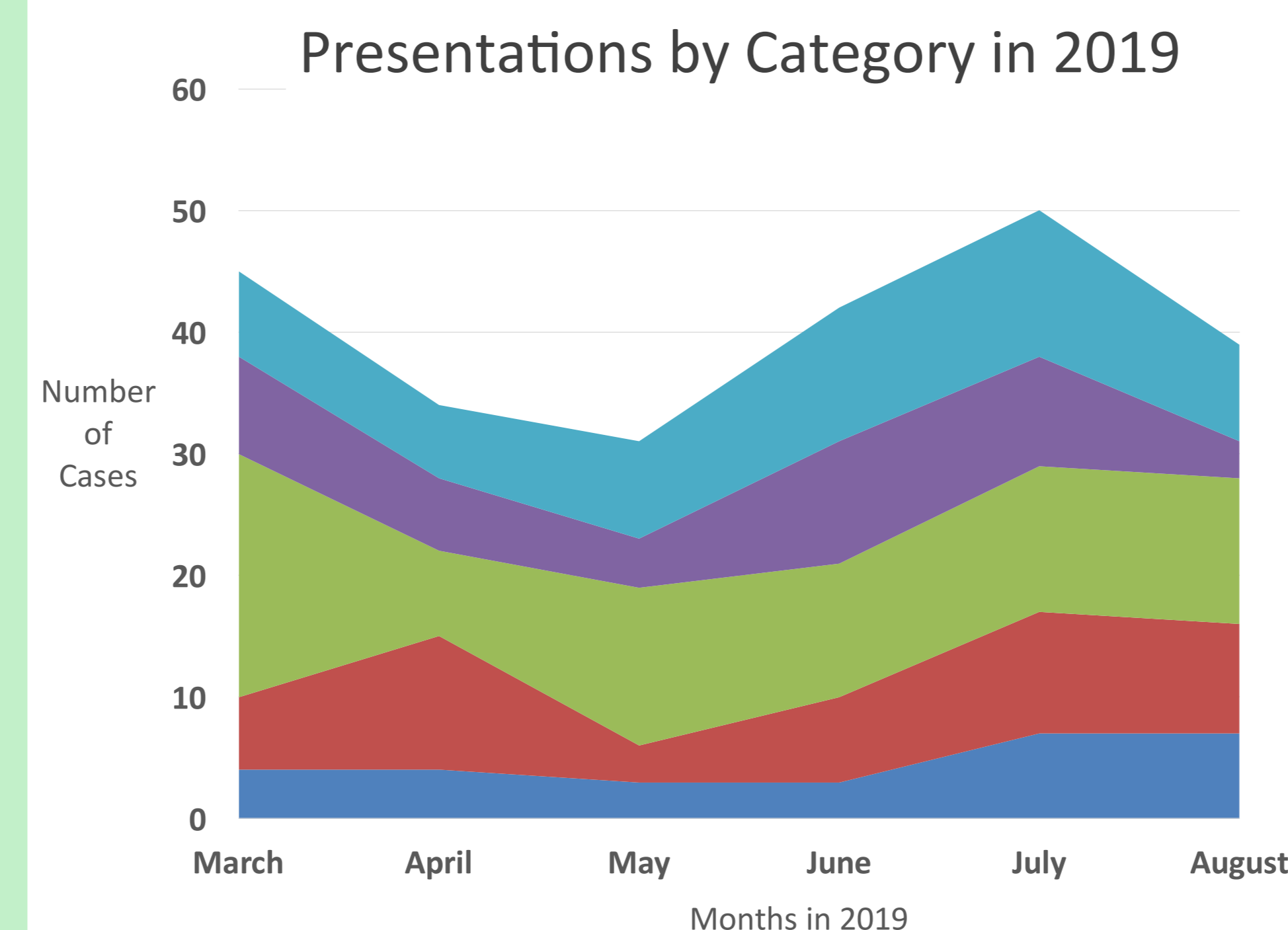
- 241 patient cases were seen in 2019 and 201 were seen in 2020 over the corresponding time period.
- Scotland entered its first lockdown<sup>3</sup> on the 24<sup>th</sup> of March 2020, notably fewer cases were seen that April.



- In March of 2019 35 out of the total 45 cases seen (78%) presented with DSH, in 2020 this was 22/29 (75%).
- In April of 2019 22/34 (65%) cases presented with DSH compared to 12/20 (60%) in 2020.



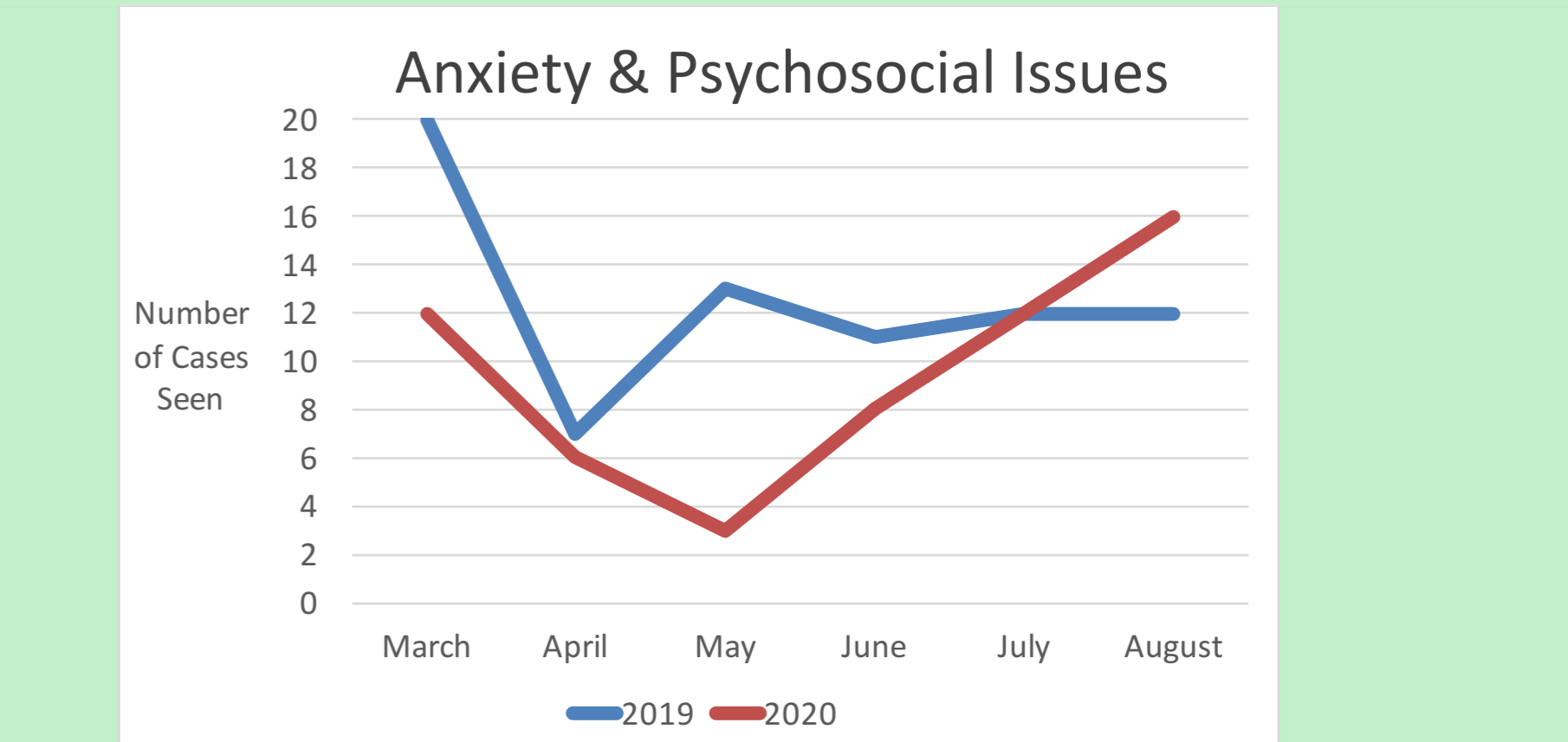
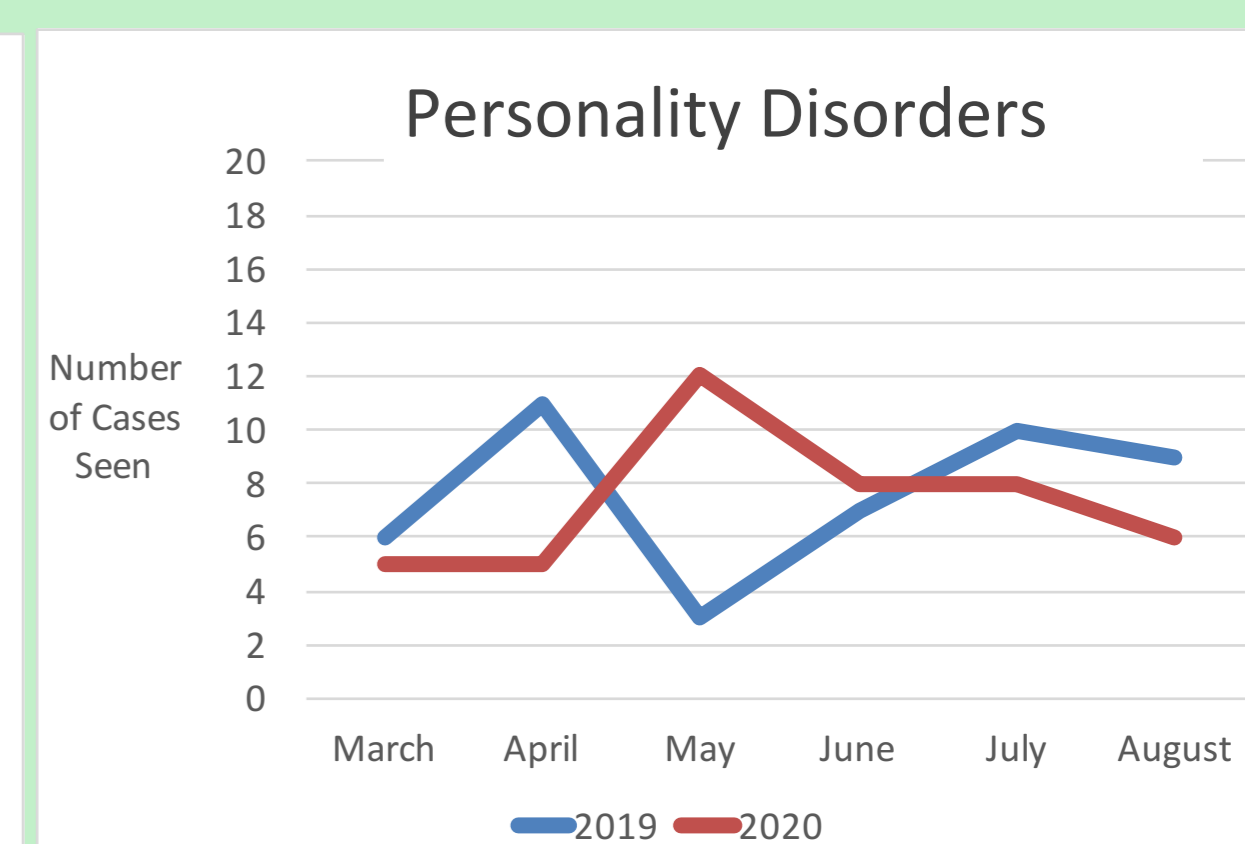
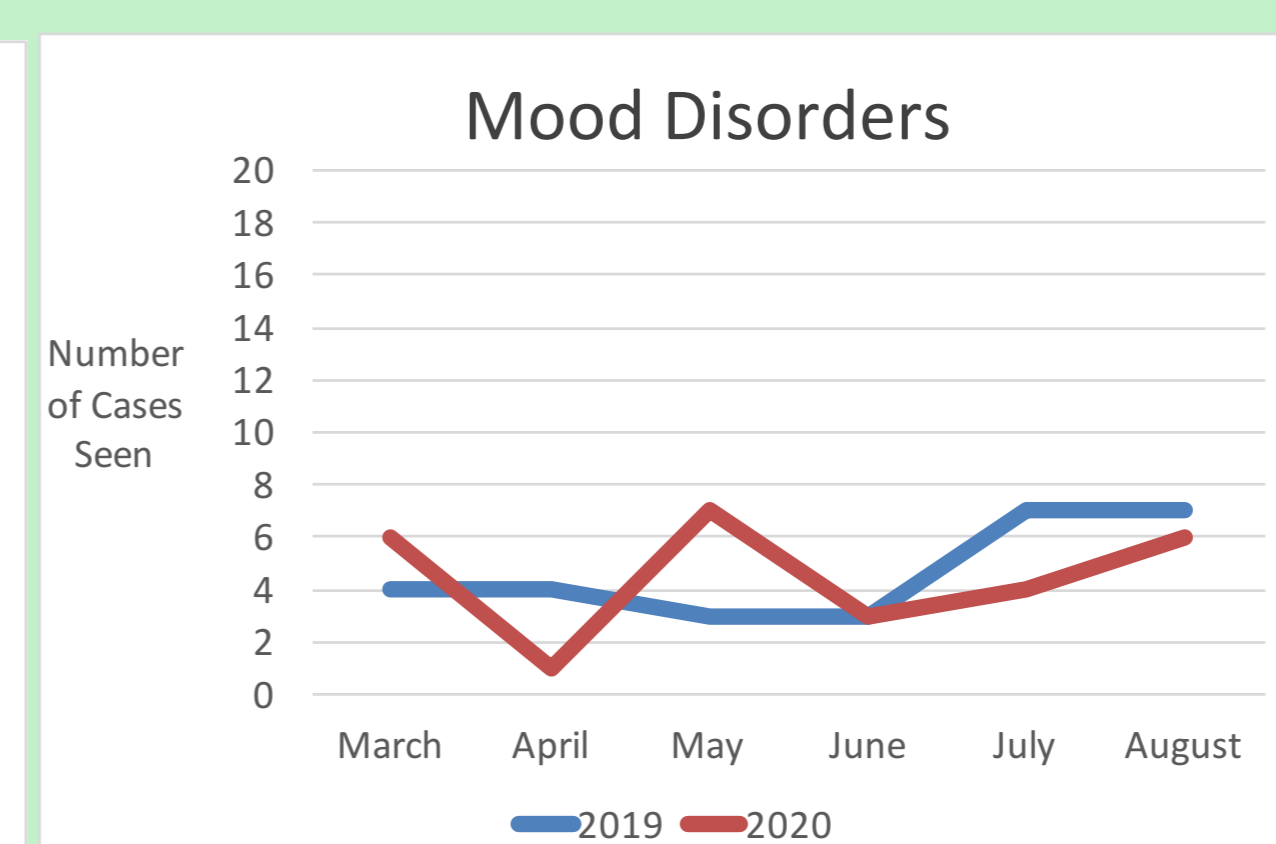
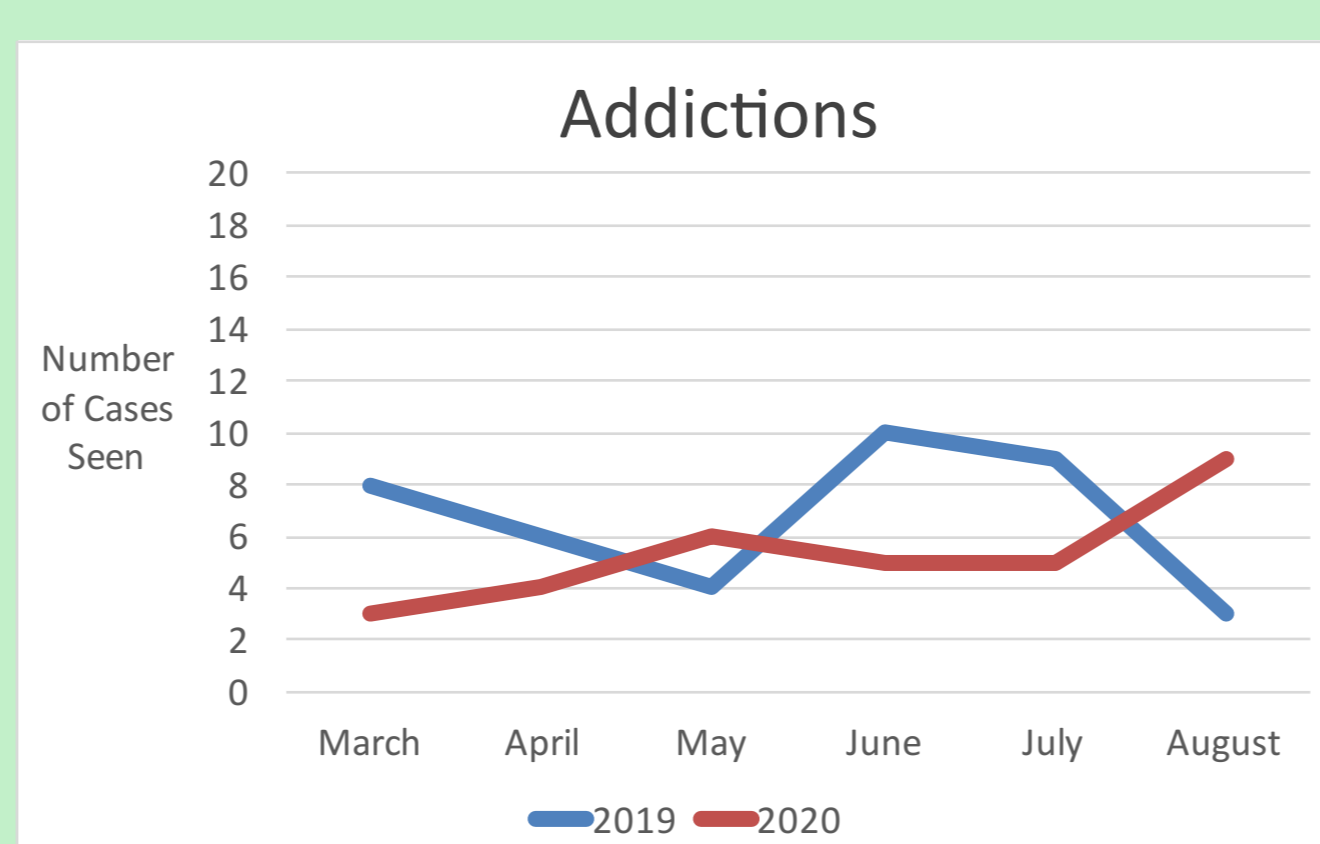
- In 2020 presentations that explicitly mention lockdown as a contributing stressor peaked at 50% in April and slowly decreased after this.
- These findings are based on documentation and would therefore be influenced by clinicians' subjective assessment of lockdown as a stressor, and whether with time this was assumed as pervasive stressor not worth commenting on.



- The other category included the labels of:
  1. 'no mental health diagnosis',
  2. 'affective psychosis',
  3. 'non-affective psychosis',
  4. 'medically unexplained symptoms',
  5. 'delirium/ cognitive impairment'
  6. 'other'

- In 2019 situational crises were the most common reason for presenting, this was followed by personality disorders, addictions and mood disorders (in order of decreasing frequency of incidence) in nearly all months.
- In 2020 the same pattern persisted except for May where there was a spike in personality disorders and a dip in situational crises.

A more detailed look at the incidence of these four diagnoses can be found in the graphs below:



31 patients were seen in 2020 with either psychosis or delirium/cognitive impairment, and none of them tested positive for COVID-19.

## Conclusions:

- There was no increase in Liaison Psychiatry caseload at SJH.
- Differences were observed between the two time periods, namely distribution of cases amongst diagnostic categories.
- There was a decrease in numbers of referrals of patients with DSH in March and April 2020.
- There was a proportionate decrease in referrals for all other categories in March and April 2020.
- It is interesting to note the stated effect of lockdown as stressor peaked in April and then steadily decreased after that.
- None of the psychosis or delirium/cognitive impairment presentations at SJH tested COVID-19 positive in the time period around presentation

## Limitations:

- This evaluation considered a time period which was during an acute phase of the pandemic and associated societal change. The longer term impact on mental health and demand on services remains to be seen.
- Numbers were too small to break down all diagnostic categories such as psychosis.
- Specialist neurological services are based at a different hospital and therefore not all patients with neurological disorders in the area would have been with the service's remit.
- We have not evaluated the impact on referrals of older adults.

## Next Steps:

- Expanding to include all the months of 2019 and 2020.
- Increasing data collection will allow sufficient numbers of referrals to be considered to enable further delineation of differences in diagnostic categories.
- Extending the duration of data collection will capture the ongoing and delayed impacts of the pandemic on mental health presentations.
- Looking at the COVID-19 status of patients presenting with other diagnoses

References  
 [1] Pfefferbaum, B. & North, C. S. (August 2020) Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine*. 383:510-511. <https://www.nejm.org/doi/full/10.1056/NEJMp2008017>  
 [2] Vindegaard, N. & Benros, M. E. (October 2020) COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior, and Immunity*. 89: 531-542 <https://www.sciencedirect.com/science/article/pii/S0889159120395457>  
 [3] Scottish Government. (March 2020) Coronavirus (COVID-19) update: First Minister's speech 24 March 2020. [Accessed 20/04/21] <https://www.gov.scot/publications/first-ministers-update-covid-19/>