

Mental Health Services during the COVID-19 pandemic in Abu Dhabi, UAE

Mohamed Al-Garhy (MD), Aisha Al Dhufairi (MRCPsych), Hadir Abdulrahman (MRCPsych), et al.

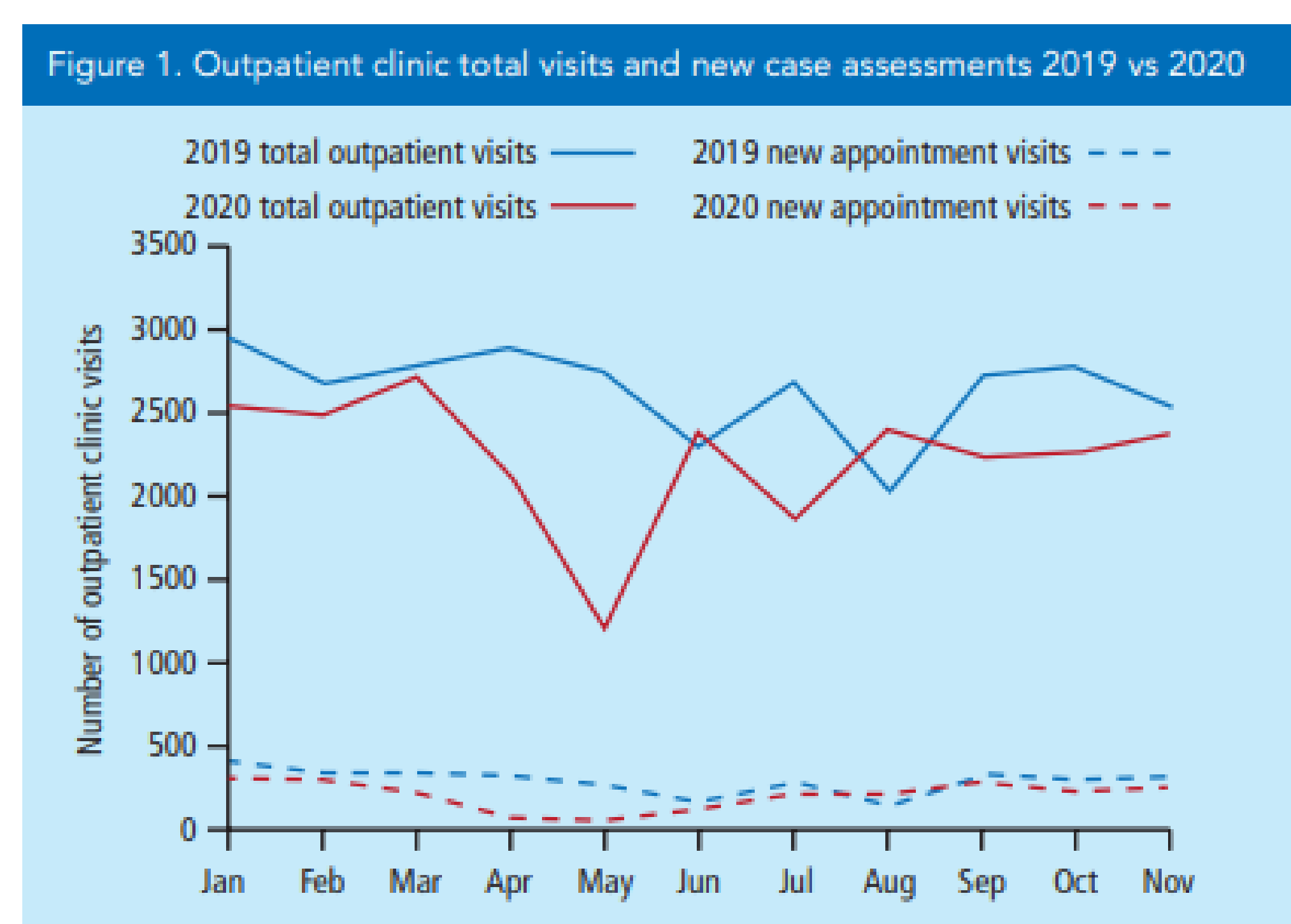
BSP, SKMC, Abu Dhabi, United Arab Emirates

INTRODUCTION

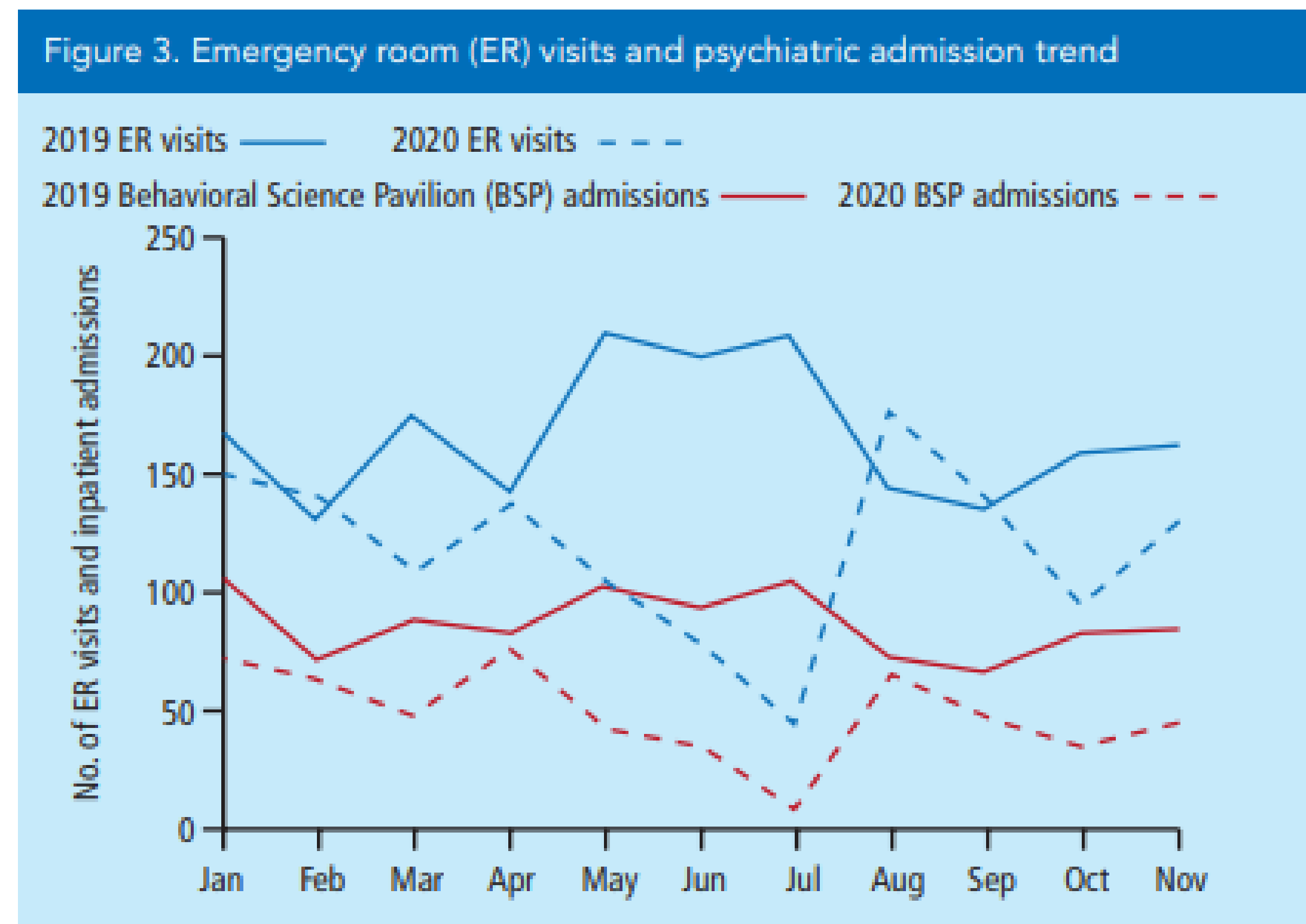
- United Arab Emirates is demonstrating a model to the world in its response to the crisis and dealing with a pandemic that has provoked unprecedented health care delivery changes.
- The rate of positive cases out of the total number of COVID-19 screening tests remains at a global low of 1%, with the UAE having one of the lowest COVID-19 mortality rates at 0.3%.¹
- In Abu Dhabi, mental health services are provided by two Governmental entities, with exclusive admitting facilities, a total of 159 beds, in an Emirate that hosts around 2.9 million people. Private sector only provides psychiatric outpatient services.
- The Behavioral Science Pavilion (BSP), which is the biggest mental health facility in Abu Dhabi, has an established outpatient department with an average of 30,000 visits yearly, covering general adult psychiatry, old age psychiatry, substance misuse, child and adolescent psychiatry, in addition to an admitting bed capacity of 126 with an average of 900 admissions yearly.

MENTAL SERVICES DURING THE COVID-19 PANDEMIC

- The implementation of tele-assessment was the main change in the psychiatric outpatient services. Basic sanitation and social distancing guidelines were implemented, along with flu-like symptom screening at clinic entrances.
- There was 20–30% drop in outpatient visits compared to Pre-COVID-19 time, prominently in some subspecialty clinics (mainly Geriatric and child psychiatry services). Tele-assessment was not offered to new appointment visits because it was challenging to do initial full assessment via telephone calls. Hence an initial (April–May 2020) 80% drop in new appointment visits compared with pre-COVID-19 time. (figure 1)

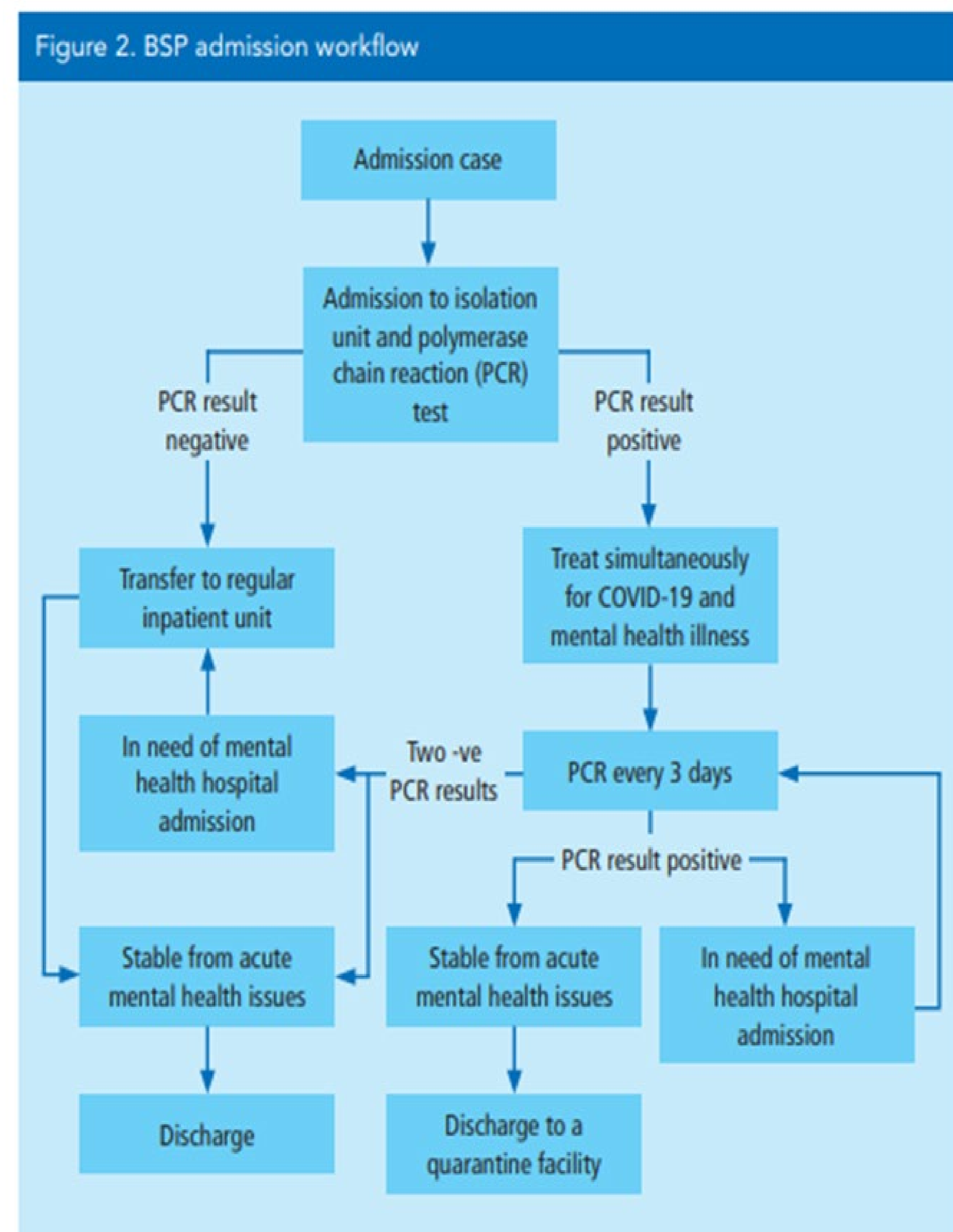


- In inpatient units; COVID-19 PCR screening tests became mandatory before any inpatient admission to the psychiatric unit. Isolation rooms/sections were created within the psychiatric wards to accommodate admitted patients until COVID-19 results were out. (figure 2)
- There were a decline in Emergency psychiatric visits and inpatient admission rates compared to the Pre-COVID-19 time. The facility had treated 33 COVID-19 positive patients, with simultaneous mental health disorders as inpatients in the first three months of the pandemic. (figure 3)
- The psychiatric liaison consultations to general hospitals had increased in number compared to previously.
- Psychosocial services was initially limited to cases at imminent psychiatric risk in inpatient and outpatient departments.
- Psychosocial program to support Medical staff working with COVID-19 and to support admitted patients with COVID-19 in general hospitals was launched by mental health professionals early on during the pandemic (psychologists and social workers).



CONCLUSION AND CHALLENGES

- Tele-assessment helped to maintain the outpatient clinic service to some extent. It helped reach the vulnerable patients, and limiting fears of exposure to the infection. By the end of 2020, there was an apparent increase in clinic visits compared with 2019 and a drop in the tele-assessment rate. Despite expectations to improve care access, the question arises regarding patients' views of teleassessment and its effectiveness in managing psychiatric patients.²
- By the end of 2020 new appointment visits had significantly increased in number; and the number of total clinic visits returned to the expected baseline. The changes could be explained by the parallel wave of fear and anxiety, both directly due to the COVID-19 infection rates and lockdown stressors.



REFERENCES

1. United Arab Emirates The Supreme Council for National Security. UAE Coronavirus (COVID-19) Updates (<http://covid19.ncema.gov.ae/en>; accessed 5 July 2021).
2. Chen JA, Chung WJ, Young SK, et al. COVID-19 and telepsychiatry: Early outpatient experiences and implications for the future. *Gen Hosp Psychiatry* 2020;66:89–95.