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Case Report

The Role of Emergency Department in Managing Psychosis in Patients with COVID-19

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Abstract

Psychosis has been described among COVID-19 patients in various areas in the world, particularly among patients who had no previous history with psychosis. The main objectives of this study were to review the literature regarding psychosis associated with COVID-19, and to explore the role of emergency department. The literature showed that psychotic cases were reported in different centers. The role of emergency department was crucial in treating and managing cases of psychosis. Taken together, emergency department is considered an ideal place to treat and manage psychosis associated with COVID-19.

Keywords: *Psychosis; COVID-19; Emergency Department; Treatment; Management*

Introduction

Psychosis among COVID-19 patients and the role of emergency department

Other coronavirus infections have been linked to psychotic symptoms. To describe new-onset psychotic episodes in COVID-19 patients, we undertook a single-center retrospective and observational study. The emergency and liaison psychiatry departments discovered ten patients infected with the new coronavirus who had psychotic symptoms but no previous history of psychosis. Nine of the patients developed psychotic symptoms at least two weeks after experiencing the initial COVID-19-related somatic signs and obtaining pharmaceutical therapy. The most common clinical presentations were structured delusions with confusional characteristics. As a result of many concurrent circumstances, COVID-19 patients can develop psychotic symptoms [1].

Spain is one among the countries hardest hit by the COVID-19 epidemic, with over 222.857 confirmed cases and 26.251 deaths as of May 9th [2]. Psychiatry research has primarily focused on the emotional impact of the coronavirus pandemic on the public [3], and healthcare staff to this point [4,5]. Depression, anxiety, panic attacks, and PTSD symptoms have all been described as psychological reactions [5]. A Spanish research group recently revealed a limited number of psychotic episodes in non-infected patients, which they believe were provoked by the pandemic's stressful setting [6]. However, little attention has been made to the virus's (SARS-CoV-2) putative direct role in the development of neuropsychiatric symptoms such secondary psychosis [7]. Patients infected with earlier coronaviruses, such as SARS-CoV and MERS-CoV, have had new-onset psychotic symptoms, with putative etiological factors including viral exposure, infection management medications, and psychological stress [8-10]. As a result, it would not be surprising if SARS-CoV-2 followed the same path.

In fact, several acute neurological symptoms, as well as psychotic symptoms, have been described in patients infected with the new coronavirus [10-12]. As emergency and liaison psychiatrists at one of Madrid's main teaching hospitals, we've seen an increase in the number of patients with acute psychotic syndromes who have been infected with SARS-CoV-2 and have no previous history of psychosis [13].

Case studies of COVID-19 psychosis

Following a diagnosis of symptomatic COVID-19, a 36-year-old previously healthy lady with no personal or family history of mental illness came with new-onset psychosis. Antipsychotics and benzodiazepines first eased her psychotic symptoms, which were then aided by the elimination of COVID-19 symptoms. This is the first case of COVID-19-associated psychosis in a patient who had no personal or family history of a severe mood or psychotic disease and was presenting with symptomatic COVID-19, emphasizing the importance of closely monitoring neuropsychiatric symptoms in these patients [14].

Alternatives to emergency department

To reduce footfall during COVID-19, it was necessary to transfer patients with psychiatric problems from the emergency department to alternative locations for psychiatric consultations. We looked at how effective an alternate referral pathway was at reducing COVID-19 infection in our clinic and how it affected service quality, such as response time and the number of patients who left before the review. Patients, general practitioners (GPs), and mental health service employees were polled about how satisfied they were with the pathway. Over the course of two months, 255 patients obtained an emergency assessment through the pathway, a 22.3 percent decrease in the number of presentations compared to the same period last year. There were no cases of COVID-19 among our patients or among the professionals on the patient assessment roster. Response times improved ($p < 0.001$) in comparison to 2019, and the number of patients who left the hospital before the review decreased by 3.2 percent during the study period ($p < 0.001$). The referral method was well received by patients and GPs, who thought it should be continued after COVID-19. Staff at mental health facilities were split on whether it could be sustained. Conclusion The approach proved effective in lowering infection spread, improving response times, and reducing the number of patients who left without being assessed. This is a better pathway for emergency referrals in the future, given the increased outcomes and acceptance [15].

The COVID-19 pandemic has wreaked havoc over the planet, causing economic and healthcare difficulties in countries all over the globe. To cope with the strain of the epidemic and stop the spread of SARS-CoV-2, healthcare services, especially mental health services, had to adapt and restructure their services. In the past, infectious outbreaks such as Middle East respiratory syndrome and severe acute respiratory syndrome have been linked to higher rates of mental morbidity, such as delirium, post-traumatic stress symptoms, anxiety, depression, and suicidal behavior among infected people, survivors of outbreaks, healthcare workers, and the public [16]. If no steps are made to reduce the mental health repercussions of the present pandemic, the United Nations has warned of a mental health disaster [17]. Since the commencement of COVID-19, there has been an upsurge in the prevalence of mental health problems, according to new research [18-20]. To prevent the spread of SARS-CoV-2, governments around the world imposed social (or physical) distance and nationwide lockdown. While these precautions may have prevented the virus's physical health effects from spreading, they may have had mental health impacts. Mental health professionals and academics around the world have emphasized the need to strengthen and extend present mental health systems to face the impending mental health crisis [21, 22]. While complying to national policies regarding COVID-19 limits, mental health services must be provided in a convenient and timely manner. Patients could go to their general practitioner (GP) for a referral to their local community mental health teams (CMHTs) or for a referral to the emergency department (ED) for rapid access to psychiatry through the liaison psychiatry team or duty psychiatrist out of hours or self-present to the ED to access the mental health service in our region. Urgent or emergency mental symptoms, such as acute suicidality, acute psychosis, and those with concurrent acute medical need, should be treated at the emergency department. GPs and patients, on the other hand, use the ED pathway for mild mental issues or to expedite access to local CMHTs. Patients have complained about their unpleasant experiences visiting EDs due to overcrowding, which makes it harder to assess and treat patients with mental health issues safely [23]. GPs have varying levels of access to local CMHTs,

especially for non-urgent clinical questions, which has been a long-standing concern. One cause is a lack of physical infrastructure that allows referring GPs to readily identify and access CMHTs. In these situations, GPs may choose to refer patients to the ED for psychiatric care, which is best accessed through community teams. This has resulted in improper use of the ED and emergency psychiatric services, diverting the liaison psychiatry service's limited resources away from their primary responsibilities. Despite their mental anguish, this patient group had to wait for triage and assessment in a frequently packed and chaotic ED waiting area prior to COVID-19. Some patients departed the ED before being assessed, jeopardizing their safety. CMHTs are the backbone of secondary mental health care, with the ability to respond quickly to referrals from primary care. The National Emergency Medicine Programme in Ireland emphasizes the importance of strong liaison psychiatry services in the ED for people with acute mental and physical comorbidities (undifferentiated mental health needs), while also pointing out that the environment is suboptimal for patients with primary (differentiated) mental health needs [24].

Prior to the COVID-19 outbreak, the number of individuals undergoing mental care was rising globally. Patients with mental illnesses generally must wait for treatment from psychiatrists in psychiatric outpatient clinics [25, 26]. To provide ongoing care during a crisis, psychiatric hospitals should implement a number of services such as emergency care and mental health professionals [27].

Medical help in an emergency

Suicidality, delirium, acute psychosis, extreme substance intoxication, and severe substance withdrawal are all life-threatening illnesses that can result in major functional impairment. For these individuals, immediate care management is required [27]. To avoid mayhem in the emergency department, an emergency physician can consult a psychiatrist over the phone. When evaluating or interviewing patients, the psychiatrist should employ physical distance (e.g., sit in another room and video conference) if a mental examination is required [28]. The neuropsychiatric signs of COVID-19 disease (e.g., agitation, disorganization, psychosis, and alteration of consciousness) should be recognized by emergency medical personnel. COVID-19 should be tested on all patients in emergency rooms and those with those symptoms [29].

Workers in the mental health field

Physical contact amongst psychiatric personnel should be reduced by converting regular staff meetings to virtual meetings and communicating mostly through telephone, e-mail, and instant messaging apps [30]. Meetings that aren't necessary should be canceled [27]. To improve job efficiency and minimize burnout, appropriate work shifts, and regular breaks should be employed [31]. Healthcare personnel should be provided with food, drink, and alternate lodgings by their employers. When standards of practice change, healthcare personnel should be fully educated about what has changed and why. Team leaders should acknowledge staff members' anxiety and fury, normalize stress behaviors, and give support resources (e.g., sessions with psychologists/psychiatrists, online therapy) for those who require it [32].

Moral harm, or psychological anguish caused by activities that violate someone's moral or ethical code, should be actively monitored by team leaders. Employees who engage in avoidance behavior, which is a common indicator of moral harm, should be tracked down. Team leaders can help reduce morale damage by explaining why decisions are being made [33]. One of the protective factors against negative psychological impacts is staff assistance [34]. The following tactics should be used in support programs. Healthcare professionals should be given training to assist them recognize and respond to psychological issues [35]. Furthermore, opportunities for healthcare workers to reflect on their stress [36] should be provided to assist them normalize stress and powerful emotions. Employees should be able to consult with senior staff [37]. There should be guidelines provided for frontline personnel to assess the authorities in a challenging situation [27].

Conclusions

Psychosis has been associated with COVID-19, particularly among patients who had no previous history of psychosis. Emergency department has witnessed some shift in receiving less numbers of patients due to processes taken by the governments including lockdown

to combat the pandemic, and more patients with COVID-19 visited the emergency instead. The chance to detect psychosis cases has sincreased in the emergency department, a matter that gives this department additional role in the management of disease.

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