

LETTER to the EDITOR / EDITÖRE MEKTUP

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A Drastic Decrease in Emergency Admissions in a German Child and Adolescent Psychiatry Clinic: A COVID-19-Pandemic Phenomenon or an Actual Decrease in the Number of Emergency **Patients**

Bir Alman Çocuk ve Ergen Psikiyatri Kliniğinde Acil Başvurularda Önemli Ölçüde Azalma: Bir COVID-19-Pandemi Fenomeni veya Acil Hastalarda Güncel Düşüş

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Dear Editor,

In December 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, China. It rapidly spread, resulting in an epidemic throughout China and a pandemic. In February 2020, the World Health Organization designated the disease as coronavirus disease-2019 (COVID-19).1 To cope with the COVID-19 pandemic, the vast majority of countries, including Germany, took serious steps to restrict social contacts, which included closing schools and almost all normal public and private activities. In the health sector, the federal German government decided on 12 March 2020 that as far as medically justifiable, all elective admissions, surgeries and procedures in all hospitals are to be postponed indefinitely to cater to patients with COVID-19.2 According to this decision, all child and adolescent psychiatry services (inpatient psychotherapy units, day-care and outpatient units) were included, and only emergency child and adolescent psychiatry units (ECAPU) (in German: Krisenstationen) were excluded and remained open 24 h to deliver acute mental health services.

Initially, an increase in visits and admissions in the ECAPUs was expected due to the lack of standard psychotherapeutic and pedagogical services because of the COVID-19 pandemic shut-down. Moreover, the burdens of the pandemic along with economical and societal consequences of the restrictions were expected to lead to even more ECAPU visits and admissions.

Paradoxically, after 4 weeks of restriction, a drastic decrease in emergency outpatient visits and admissions of the ECAPU was noticed. Compared with the same 4 week period in 2019, a 59% decrease in admissions of ECAPU was noted, which raises many questions regarding the potential reasons of this drastic decline.

Surely, this could be a local phenomenon that applies only to this specific ECAPU with a 12 bed capacity in a small city in the eastern part of Germany in the central Saxony district. However, factors other than local ones may have contributed to this decrease.

One explanation could be a unique pandemic phenomenon. In other words, when humans face extraordinary circumstances or threats, similar to the current situation, they experience shifts in their life priorities. According to Maslow hierarchy of prepotency in Figure 13, humans tend to focus first on basic physiological rather than psychological needs a in lifethreatening crisis, which may explain the decrease in ECAPU admissions. Nevertheless, this could also mean that the number of admissions will actually increase once stability and an adequate control of the pandemic are achieved.

Another explanation could be that although there are many stressors due to the pandemic, there might be drastic reduction in everyday activity stressors related to school or social contacts. Plemmons et al.4 reported earlier fewer suicide ideations or attempts in adolescents over the summer, which could correspond to the summer holidays in schools.

Accessibility to the ECAPU and fear of infection could also play a vital role. Caregivers could face more difficulties to reach the ECAPU given the present massive restriction due to the

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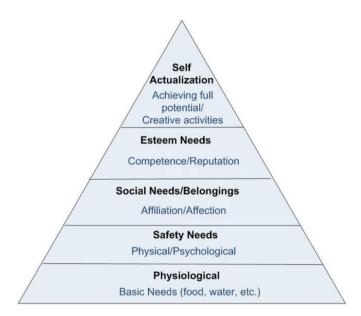


Figure 1. Maslow hierarchy of prepotency

pandemic. Besides, anxiety of being infected with the virus may both lead parents or caregivers to seek other compensatory or de-escalatory techniques (even contra-productive ones, such as encouraging or allowing massive media consumption) to deal with or prevent crisis within households.

This phenomenon may not probably have a single explanation; however, further investigations and observations in other

clinics and countries are crucially needed for validation and to ensure that preparedness of child and adolescent psychiatry services is adequate in case of a current latent period followed by an increase in acute child and adolescent psychiatry visits/ admissions.

Keywords: Child psychiatry, COVID-19, emergency visits, acute inpatient units

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