

Shifts in Mental Health Needs in Portugal during the COVID-19 Pandemic: What Do Mental Health Warrants Tell Us?

Alterações nas Necessidades em Saúde Mental durante a Pandemia de COVID-19 em Portugal: O que Indicam os Mandados de Condução?

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The burden of psychosocial factors that are associated with severe mental illness, such as unemployment, social isolation, and stress, has increased during the COVID-19 pandemic. Besides psychosocial factors, the pandemic changed the patterns of use of mental health services. There was a reduction in the demand for urgent care in 2020 in several countries, including Portugal,¹ as well as in Psychiatry admissions.² This reduction in admissions was mostly due to a reduction in voluntary admissions, with an increase in the proportion of admissions against the patient's will.² Nevertheless, the demand for mental health services remained at least at the same level as before. In fact, one study reported stability in the number of psychiatric outpatient consultations with an increase in telehealth consultations and a reduction in face-to-face consultations.³ Therefore, it is likely that the number of urgent care visits and admissions in the time immediately after the start of the pandemic decreased due to confinement measures and fear of infection, and were limited to the most severe clinical situations.

Given that the duration of untreated psychosis is associated with increased severity, it is likely that treatment delay during the confinement period would increase disease severity in the post-confinement period.

Peixoto *et al* have now published evidence that, contrary to 2020 and the preceding years, there was an increase, between February 2021 and October 2022, in the number of requests from psychiatrists, other physicians, or families to health authorities for mental health warrants (the legal document through which health authorities request police authorities to involuntarily bring a patient to a psychiatric emergency department). There was also an increase in the number of mental health warrants issued by health authorities and in the number of admissions following urgent care visits where patients are brought to the emergency department by police authorities.⁴ These measures increased

proportionally without a more expressive increase in either the number of requests for mental health warrants, issued warrants, or admissions. This suggests that the increase in requests, issued warrants, and admissions was not due to changes in criteria for issued warrants or criteria for admission. The authors also reported an increase in the number of patients with an initial episode of mental illness. All in all, these data suggest that there was an increase in the use of mental health care services by people with previously undiagnosed severe mental illness from February 2021 onwards.

In line with these data, the literature suggests that in the late pandemic period, when compared with the confinement period between March and August 2020, there was an increase in the use of mental health care services. There are reports of an increase in admissions⁵ and an increase in the proportion of involuntary admissions.⁶

It is unclear if this increase in the use of mental health care services reflects a clearance in the backlog of care that was not delivered in 2020, i.e., the incidence of severe mental illness stayed the same while its presentation to health-care services increased later in compensation, or if there was a real increase in the incidence of severe mental illness secondary to the social changes brought by the pandemic response. It could also be possible that increased difficulties during the pandemic in terms of the community follow-up of people with severe mental illness resulted in an increase in the use of mental health warrant requests by community teams and families, i.e., more overburdened teams and families, faced with an increase in obstacles to community care, had a lower threshold for requesting mental health warrants to health authorities. If that were the case, the proportion of patients admitted after being subjected to a warrant would decrease, given that patients with less severe illnesses would be subjected to warrants, but that did not happen. Other authors reported that there has been a

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reduction since 2022 in the number of admissions due to psychotic illness,⁷ but data from Portugal now published⁴ suggests that the increase in the number of warrant requests and warrants issued was stable until October 2022.

In conclusion, there were several multifaceted phenomena throughout the pandemic that should be studied. As for mental health, coercive measures are a last resort that should be avoided as much as possible. The variables that influenced the shifts in care during the pandemic should be understood for better care to be provided to the community. More representative data on national practices are needed.

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FM: Study design and conception, data interpretation, writing, critical review, and approval of the manuscript.

ASC: Data interpretation, critical review, and approval of the manuscript.

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