

PECULIARITIES OF PSYCHIATRIC CARE DURING THE COVID-19 PANDEMIC IN LITHUANIA

Psichiatrinės pagalbos teikimo ypatumai COVID-19 pandemijos metu

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SUMMARY

Aim. To assess the workload of psychiatrists, emerging challenges and the state of patients with mental disorders in Lithuania during the COVID-19 pandemic.

Methods. A 35-item multiple choice online questionnaire was purposely developed for this survey by authors based on the aims and objectives of the work and sent to Heads of all Lithuanian Mental Health Departments, members of the Lithuanian Psychiatric association in 2021 and after one year in 2022. 101 questionnaires were returned both times.

Results. 79% (n=80) (in 2021) and 77% (n=78) (in 2022) of the respondents answered that during the COVID-19 pandemic healthcare is provided through a mix of in-person and virtual contact. 74% (n=75) (in 2021 m.) and 66% (n=67) (in 2022) of the study participants indicated that the number of working hours did not change. 55% (n=35) (in 2021) and 76% (n=73) (in 2022) of respondents answered that the number of outpatients in the mental health center increased, most of them reported that change was more than 10% but less than 30%. 64% (n=65) (in 2021) and 60% (n=61) (in 2022) of the respondents noticed that patients delayed to seek medical treatment, even if they felt worse. Furthermore, more than half, 57% (n=57) (in 2021) and 60% (n=61) (in 2022) answered that they were approached by patients in more severe, neglected conditions. The most common reasons why patients were seeking medical treatment are anxiety (91% (n=92) (in 2021) and 92% (n=93) (in 2022)) and mood disorders (78% (n=79) (in 2021), in 2022, 87% (n=88) (in 2022)). In 2021, the study found that child and adolescent psychiatrists (CAAP) noticed cases of severe reaction to stress (69% vs. 38%, p=0.030) and suicidal attempts (69% vs. 34%, p=0.015) more frequently than adult psychiatrists. The study after one year found that child and adolescent psychiatrists also noticed cases of suicidal attempts (75% vs. 37%, p=0.004) more frequently than adult psychiatrists, but adult psychiatrists noticed cases of addiction (44% vs. 13%, p=0.017), psychoorganic disorders (29% vs. 0%, p=0.013) more frequently than child and adolescent psychiatrists.

Conclusions. During the COVID-19 pandemic patients delayed to seek medical treatment and had more severe conditions, mostly due to anxiety and mood disorders. The majority of doctors reported that the number of working hours did not change, but the number of new outpatients increased. In 2022 a significant positive correlation was observed between working hours and the change in the number of new outpatients. Adult psychiatrists more often reported a decrease in hospitalizations in 2021, but child and adolescent psychiatrists more often reported an increase in 2022.

Keywords: COVID-19, psychiatry, healthcare

SANTRAUKA

Tikslas. Įvertinti gydytojų psichiatrų darbo krūvį, kylančius iššūkius bei sergančiųjų psichikos sutrikimais situaciją Lietuvoje COVID – 19 pandemijos metu.

Metodai. Atsižvelgdami į darbo tikslus ir uždavinius, šiai apklausai parengėme 35 klausimų, daugybinio pasirinkimo, internetinę anketą ir išsiuntėme ją visiems Lietuvos psichiatrų asociacijos nariams ir Lietuvos psichikos sveikatos įstaigų vadovus kvietėme pasidalinti anketa su įstaigos psichiatrais. 2021 m. vasario mėn. Užpildyta 101 anketa. Po metų, 2022 m. vasario–kovo mėn., anketa buvo pakartota, užpildyta taip pat 101 anketa.

Rezultatai. 79 proc. (n=80) (2021 m.) ir 77 proc. (n=78) (2022 m.) tiriamųjų atsakė, kad COVID-19 pandemijos metu sveikatos priežiūra teikiama mišriu būdu. 74 proc. (n = 75) (2021 m.) ir 66 proc. (n=67) (2022 m.) tyrimo dalyvių nurodė, kad darbo valandų skaičius nepasikeitė. 54 proc. (n=35) (2021 m.) ir 76 proc. (n=73) (2022 m.) respondentų atsakė, kad psichikos sveikatos centre ambulatorinių pacientų skaičius išaugo, dauguma jų teigė, kad pokytis buvo didesnis negu 10 proc., bet mažesnis negu 30 proc. 64 proc. (n=65) (2021 m.) ir 60 proc. (n=61) (2022 m.) respondentų pastebėjo, kad pacientai delsia kreiptis į gydymo įstaigas, net jausdami prastėjančią savijautą. Be to, daugiau negu pusė, 56 proc. (n = 57) (2021 m.) ir 60 proc. (n=61) (2022 m.) atsakė, kad pacientai kreipiasi būdami sunkesnių, užleistų būklių. Dažniausios priežastys, dėl kurių pacientai kreipiasi į gydymo įstaigą – nerimo (91 proc. (n=92) (2021 m.) ir 92 proc. (n=93) (2022 m.)) ir nuotaikos sutrikimai (78 proc. (n=79) (2021 m.) ir 87 proc. (n=88)). Tyrimas parodė, kad 2021 m. vaikų ir paauglių psichiatrai dažniau nei psichiatrai pastebėjo sunkios reakcijos į stresą (69 proc., palyginti su 37 proc., p=0,03) ir bandymų nusižudyti (69 proc., palyginti su 34 proc., p=0,015) atvejų. Po metų išaiškėjo, kad vaikų ir paauglių psichiatrai taip pat dažniau nei psichiatrai pastebėjo bandymų nusižudyti atvejus (75 proc. palyginti su 36 proc., p=0.004), tačiau suaugusių psichiatrai dažniau pastebėjo priklausomybių (44 proc. palyginti su 12 proc., p=0.017), psichoorganinių sutrikimų (29 proc. palyginti su 0 proc., p=0.013) atvejus.

Išvados. COVID-19 pandemijos metu pacientai delsia kreiptis į gydymo įstaigas, kreipiasi būdami sunkesnių būklių, dažniausiai dėl nerimo ir nuotaikos sutrikimų. Didžioji dalis gydytojų pranešė, kad darbo valandų skaičius nepasikeitė, bet naujų ambulatorinių pacientų skaičius išaugo. 2022 m. stebėta reikšminga teigiama koreliacija tarp darbo valandų ir ambulatorinių pacientų skaičiaus pokyčio. Apie hospitalizacijų sumažėjimą 2021 m. dažniau pranešė suaugusių psichiatrai, o 2022 m. dažniau vaikų ir paauglių psichiatrai pranešė apie jų padidėjimą.

Raktiniai žodžiai: COVID-19, psichiatrija, sveikatos priežiūra

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INTRODUCTION

On the 30th of January, 2020, The World Health Organization declared that the COVID-19 outbreak is a public health emergency of international concern [1]. The impact to the healthcare systems has been disruptive, and the ways healthcare services are provided have changed drastically. This outbreak is also leading to additional health problems such as anxiety, depressive symptoms, stress, insomnia, anger, denial and fear globally [2]. These problems can be affected by increasing number of confirmed and suspected COVID-19 cases, a high workload, the fact that this virus is human-to-human transmissible, the association with high morbidity, and potentially fatal outcome, the shortage of personal protective equipment, the widespread coverage of the media, the lack of specific treatments, and the feeling of not receiving adequate support [3].

It is clear that mental health services are confronted with fundamental challenges. The primary risks are that psychiatric services become overlooked and overwhelmed during these times [4]. During the first months of the COVID-19 pandemic all those new assignments, reorganizations, innovations in psychiatric care, and regulatory changes for professionals have had a considerable impact on their mental health [5].

A study in France showed that the mental health healthcare system is more vulnerable than other healthcare systems [6]. Medical teams are understaffed and poorly trained to deal with infectious diseases [6,7]. Moreover strict admission criteria in psychiatric hospitals and the use of telemedicine to reduce viral spread, can be perceived as lowering the standard of care and this can have a negative impact on mental health professionals [8].

In the US, psychiatric care during COVID-19 have experienced the impact on access to care, quality, and the way care itself is delivered. A hybrid consultation model is being implemented, deciding whether a patient is seen in person, via telephone, or video. Reported that the need for psychiatric treatment by psychiatrists is increasing, and they are finding work hours becoming longer [9].

It is clarified that psychiatric patients are more vulnerable to crises than general populations. These patients may be at risk of worsening depression, anxiety, and psychotic symptoms due to the pandemic [8].

The aim of this study – to assess the workload of psychiatrists, emerging challenges and the state of patients with mental disorders in Lithuania during the COVID-19 pandemic. The effect of COVID-19 in the mental health care system in Lithuania have not been studied before.

METHODS

An anonymous questionnaire survey was conducted in February, 2021 and was repeated after one year in February and March, 2022. A 35-item multiple choice online questionnaire (Appendix 1) was purposely developed for this survey by authors based on the aims and objectives of the work and sent to Heads of all Lithuanian Mental Health Departments, members of the Lithuanian Psychiatric association. It was kindly asked to share it with psychiatrists and answer the questionnaire.

101 questionnaires returned at first, after one year – also 101. There are 472 registered psychiatrists and 63 child and adolescent psychiatrists in Lithuania who have an active license and are working. Statistical analysis was performed using the data collection and analysis software package SPSS 22. The difference or relationship was considered statistically significant when the significance of the applied criterion was $p < 0.05$. The research was approved by the LSMU Bioethics Center (BEC–MF–219).

RESULTS

The majority of the respondents in 2021 were psychiatrists – 87% (n=88), child and adolescent psychiatrists made up 13% of the respondents (n=13). Average work experience of the psychiatrists was 20,7 years, child and adolescent psychiatrists (CAAP) – 19,7 years. After one year the majority of the respondents also were psychiatrists – 82% (n=83), CAAP – 18% (n=18). Average work experience of the psychiatrists was 24,46 years, CAAP – 17,34 years.

Psychiatry care ways during COVID-19 pandemic, in 2021

79% (n=80) of the respondents answered that during the COVID-19 pandemic healthcare is provided through a mix of in-person and virtual contact. 77% (n=78) of the respondents answered that during the COVID-19 pandemic healthcare is provided through a mix of in-person and virtual contact. Mixed care is provided by 89% (n=57) of psychiatric day care centers and 55% (n=18) of hospitals. Only 14% (n=14) of the respondents answered that during the COVID-19 pandemic assistance is provided in the usual way. Healthcare is provided in the usual way by 24% (n=8) of hospitals. In cases when ordinary intervention has been interrupted, alternative ways of contact with patients have been put in place – 88% of them were conducted by phone, 34% by video conferencing, 14% by e-mail. Statistically significantly more adult psychiatrists than CAAP counseled patients via video conferencing (75.6% vs. 42.6%, $p=0.028$). 92% of psychiatrists indicated that virtual interventions were not recorded. 53% of respondents answered that teleconsultations occurred as regular scheduled visits, 62% pointed out they were requested by patients and 25% answered they were requested by family members. 45% of respondents indicated that the number of individual psychotherapies increased, 67% of them reported that change was more than 10% but less than 30%, 38% answered that did not change and 17% that decreased, 46% of them reported more than 10% but less than 30% change. 48% of respondents indicated that the number of group psychotherapies decreased, 83% of them reported that change was more than 30%, 46% answered that did not change and 6% that increased, 75% of them reported more than 10% but less than 30% change.

Psychiatry care ways during COVID-19 pandemic, in 2022

After one year 77% (n=78) of the respondents answered that during the COVID-19 pandemic healthcare is provided through a mix of in-person and virtual contact. Mixed care is provided by 90% (n=47) of psychiatric day care centers and 60% (n=12) of hospitals. 16% (n=16) of the respondents

answered that during the COVID-19 pandemic assistance is provided in the usual way. Healthcare is provided in the usual way by 30% (n=6) of hospitals. Alternative ways of contact with patients: 82% of them were conducted by phone, 46% by video conferencing, 17% by e-mail. In contrast to 2021, statistically significantly more CAAP consulted patients via video conferencing than adult psychiatrists (80% vs. 41%, $p=0.006$). 91% of psychiatrists indicated that virtual interventions were not recorded. 42% of respondents answered that teleconsultations occurred as regular scheduled visits (the percentage after one year decreased), 76% were requested by patients and 25% were requested by family members. Even 59% (more than a year ago) of respondents indicated that the number of individual psychotherapies increased, 46% of them reported that change was more than 10% but less than 30%. 33% answered that did not change and 8,1% that decreased, 57% of them reported more than 10% but less than 30% change. Just 28% (less than a year ago) of respondents indicated that the number of group psychotherapies decreased, 88% of them reported that change was more than 30%, 59% answered that did not change and 13% that increased, 47% of them reported more than 10% but less than 30% change.

Change of working hours and number of patients during COVID-19 pandemic, in 2021

75% (n=75) of the study participants indicated that the number of working hours did not change, 18% (n=18) answered that the working hours increased and 7% (n=7) answered that they decreased (Fig. 1). 55% (n=35) of respondents answered that the number of outpatients in the mental health center increased, 63% of them reported that change was more than 10% but less than 30%, 30% answered that did not change and 15% that decreased, 50% of them reported more than 10% but less than 30% change (Fig. 2). No significant correlation was found between working hours and the change in the number of outpatients ($p>0,05$). Adult psychiatrists were more likely to see a reduction in hospitalizations than CAAP (50% vs. 16.7%, $p=0.035$).

Change of working hours and number of patients during COVID-19 pandemic, in 2022

Less than a year ago – 66% (n=67) of the study participants indicated that the number of working hours did not change, more than a year ago – 30% (n=30) answered that the working

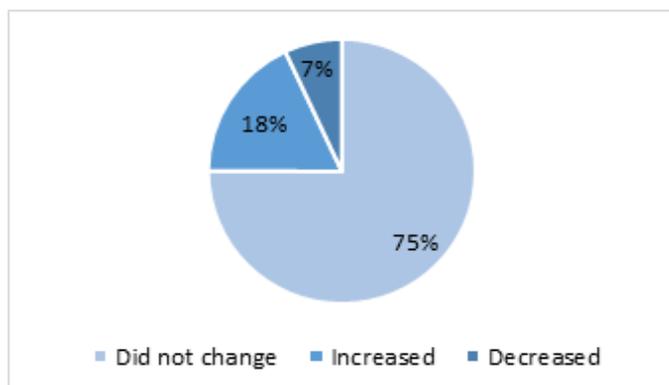


Figure 1. Change of working hours, 2021

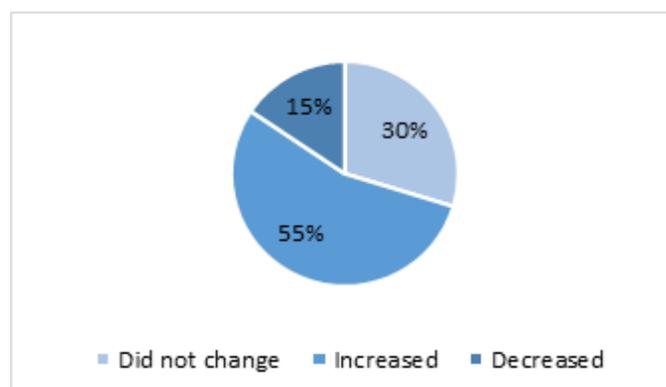


Figure 2. Change of number of outpatients, 2021

hours increased and 4% (n=4) answered that they decreased (Fig. 3). 76% (n=73) of respondents answered that the number of outpatients in the mental health center increased (the percentage increased after one year), 60% of them reported that change was more than 10% but less than 30%, 19% answered that did not change and 5% that decreased, 60% of them reported less than 10% (Fig. 4). There is a direct significant correlation between working hours and the change in the number of outpatients ($r=0,720$, $p<0,001$). In contrast to last year, CAAP were more likely to notice an increase in the number of hospitalizations (66.7% vs. 25%, $p=0.005$, $p<0.05$).

Health disorders and use of mental health services during COVID-19 pandemic, in 2021

64% (n=65) of the respondents noticed that patients delayed to seek medical treatment, even if they felt worse. Furthermore, more than half, 57% (n=57) answered that they were approached by patients in more severe, neglected conditions. The most common reasons why patients were seeking medical treatment are anxiety 91% (n=92) and mood disorders 78% (n=79). The study found that CAAP noticed cases of severe reaction to stress (69% vs. 38%, $p=0.030$) and suicidal attempts (69% vs. 34%, $p=0.015$) more frequently than adult psychiatrists (Table 1). In addition, CAAP more often observed an increase in cases of aggression and violence in patients with mental disorders (76.9% vs. 23.3%, $p<0.001$).

Health disorders and use of mental health services during COVID-19 pandemic, in 2022

60% (n=61) answered that patients delayed to seek

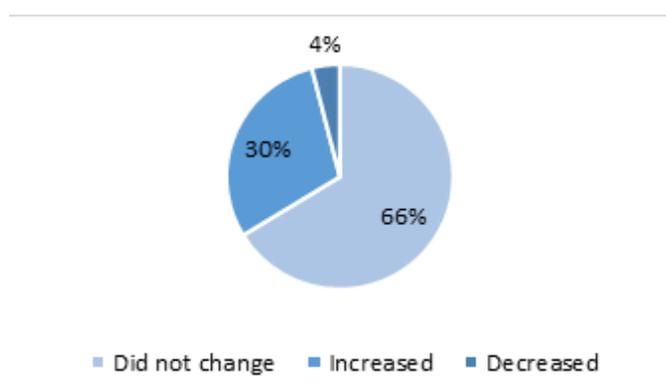


Figure 3. Change of working hours, 2022

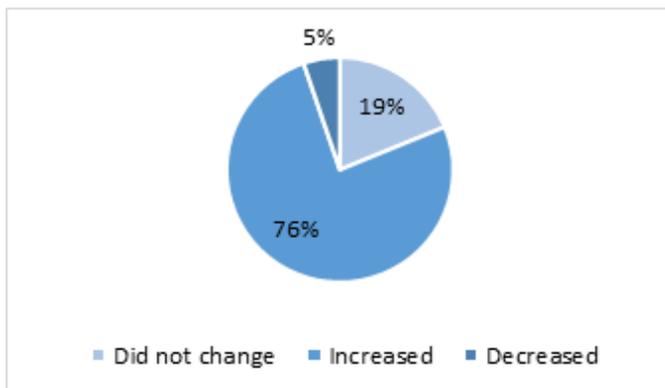


Figure 4. Change of number of outpatients, 2022

medical treatment. This was statistically significantly more often observed by adult psychiatrists than by CAAP (64.6% vs. 37.5%, $p=0.044$, $p<0.05$). 60% ($n=61$) answered that they were approached by patients in more severe, neglected conditions. The most common reasons why patients were seeking medical treatment are the same – anxiety 92% ($n=93$) and mood disorders 87% ($n=88$). The study after one year found that CAAP noticed cases of suicidal attempts (75% vs. 37%, $p=0.004$) more frequently than adult psychiatrists, but adult psychiatrists noticed cases of addiction (44% vs. 13%, $p=0.017$), psychoorganic disorders (29% vs. 0%, $p=0.013$) more frequently than child and adolescent psychiatrists (Table 2).

DISCUSSION

In the wake of the COVID-19 pandemic, Lithuania, like other countries, has implemented strict public health measures including physical distancing and movement restrictions, making primary health care services less accessible through face-to-face consultations. In that way pandemic has resulted in strain on the healthcare system, concerns rose regarding its capability of effectively and safely caring for its patients [10]. The aim of this study was to evaluate the workloads of psychiatrists, the challenges faced by them and the overall state of mentally ill patients in Lithuania during the COVID-19 pandemic and to compare the results with studies done by

other authors. Comparing results proved difficult as there are currently only a few studies regarding the work of mental health institutions and the difficulties faced by them during the COVID-19 pandemic.

In this study we found, that during the COVID-19 pandemic Lithuanian psychiatrists have faced similar difficulties as psychiatrists from other countries of the world. A 2020 study carried out in Italy found results similar to the results of our study. Mixed care was given in 75% of cases, compared to 79.2% (in 2021) and 77.2% (in 2022) in our study. In a study by Carpinello B. and others, 100% of the respondents said that virtual consultations took place over the phone and 19% said that they took place over e-mail. Based on the findings of our study alongside those of the Italian researchers, virtual consultations happen over video call twice as often in Italy as they do in Lithuania, in 2021, 67% versus 33.7% [11]. A study in France showed that there were also various ways to provide care: in-person consultations continued in 75.5% of establishments, telepsychiatry were used in 74.5% of establishments and telephone consultations in 92.6% [12]. Another study that took place in Finlandia revealed that portion of remote visits of all outpatient visits was 47%, in 2020. Remote visits included phone calls and video calls [13]. It is interesting to note that in Italy the number of individual psychotherapy sessions decreased by 65% and the number of group psychotherapy sessions decreased by about 90% while in Lithuania, 45.1% (in 2021) and 59.3% (in 2022) of respondents said that the number of individual psychotherapy sessions increased and 47.8% (in 2021) and 27.6% (in 2022) said the number of group psychotherapy sessions decreased. Mood, anxiety disorders, psychoses and attempted suicides are the most frequent reasons for consultations during the COVID-19 pandemic in Italy [11]. A Canadian study revealed that the percentage of respondents without prior psychiatric history who screened positive for generalized anxiety disorder and depression increased by 12% and 29%, respectively. Occurrences of clinically important worsening in anxiety, depression, and suicidal ideation symptoms were significantly higher in those with psychiatric diagnoses. Moreover, 15% to 19% of respondents reported increased alcohol or cannabis

Table 1. Health disorders during COVID-19 pandemic ($n=101$), 2021

Disorders	N (%)			
	All	Psychiatrists	Child and adolescent psychiatrists	p
Mood	79 (78)	66 (75)	13 (100)	0.055
Anxiety	92 (91)	80 (91)	12 (92)	0.923
Personality	17 (17)	14 (16)	3 (23)	0.596
Substance use/abuse	30 (30)	26 (30)	4 (31)	0.940
Severe reaction to stress	42 (42)	33 (38)	9 (69)	0.030
Addiction	46 (46)	43 (49)	3 (23)	0.095
Suicidal attempts	39 (39)	30 (34)	9 (69)	0.015
Psychotic	34 (34)	31 (35)	3 (23)	0.277
Psychoorganic	24 (58)	23 (26)	1 (8)	0.145
Complicated mourning	18 (18)	15 (17)	3 (23)	0.598

Table 2. Health disorders during COVID-19 pandemic (n=101), 2022

Disorders	N (%)			p
	All	Psychiatrists	Child and adolescent psychiatrists	
Mood	83 (87)	67 (85)	16 (100)	0.097
Anxiety	87 (92)	71 (90)	16 (100)	0.187
Personality	29 (31)	25 (32)	4 (25)	0.603
Substance use/abuse	39 (41)	33 (42)	6 (38)	0.755
Severe reaction to stress	41 (43)	33 (42)	8 (50)	0.550
Addiction	37 (39)	35 (44)	2 (13)	0.017
Suicidal attempts	41 (43)	29 (37)	12 (75)	0.004
Psychotic	34 (36)	30 (38)	4 (25)	0.329
Psychoorganic	23 (24)	23 (29)	0 (0)	0.013
Complicated mourning	20 (21)	19 (24)	1 (6)	0.114

use [14]. Our study revealed that patients suffering from more severe cases reach out to doctors. A study carried out by Vindegaard N. and others revealed a statistically significant difference between the mental wellbeing of people before and during the COVID-19 pandemic. During the COVID-19 pandemic people experience poorer psychological wellbeing and rate higher in anxiety and depression [15]. Especially patients with mental illness, because they are a vulnerable group in the current crisis [16].

Therefore In Lithuania, similar to Italy and France, health care was also provided in a mixed way, although virtual consultations were used less in Lithuania than in Italy. In contrast to Italy, the number of individual psychotherapy sessions increased, but the decrease in group psychotherapy sessions was smaller in Lithuania.

CONCLUSIONS

During the COVID-19 pandemic patients delayed to seek medical treatment and had more severe conditions, mostly due to anxiety and mood disorders, it remains even after a year. The majority of doctors reported that the number of working hours did not change, but the number of new outpatients increased. In 2022 a significant positive correlation was observed between working hours and the change in the number of new outpatients. Adult psychiatrists more often reported a decrease in hospitalizations in 2021, but child and adolescent psychiatrists more often reported an increase in 2022.

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Appendix 1 *Mandatory

1. Your specialty * *Mark only one.*

- Psychiatrist
- Child and adolescent psychiatrist
- 2–4 years resident in psychiatry
- 2–4 years resident in child and adolescent psychiatry

2. Your workplace * *Several variants can be marked.*

- Mental health center
- Clinic of Psychiatry
- Psychiatric hospital
- Department of psychosocial rehabilitation
- Psychiatric day hospital
- Private medical institution
- Other: (enter) _____

3. Your work experience (years, including residency), enter

(e.g. 5)* _____

4. In your workplace, COVID-19 during a pandemic: *

Mark only one.

- Assistance is provided as usual
- Remote assistance is provided
- Only emergency assistance is provided
- Contact and remote assistance (mixed)
- Other: (enter) _____

5. Number of hours you work, COVID-19 during a pandemic *

Mark only one.

- Has not changed
- Increased
- Decreased

6. If it has lengthened or shortened, what change are you observing? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

7. Number of new outpatients in a COVID-19 pandemic:

Mark only one.

- Has not changed
- The number of new patients has increased
- The number of new patients has decreased

8. If the number of new patients has increased or decreased, how do you assess the change? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

9. Number of outpatients already treated during the COVID-19 pandemic: *Mark only one.*

- Has not changed
- The number of visits from already treated patients has increased
- The number of visits from already treated patients has decreased

10. If there is a decrease or increase, what change do you see in the visits of previously consulted patients? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

11. Number of emergency patients in a COVID-19 pandemic:*

- Mark only one*
- Has not changed
- The number of patients consulted urgently has increased
- The number of patients consulted urgently has decreased

12. If there is an increase or a decrease, what change are you observing? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

13. How has the number of hospitalizations changed during the COVID - 19 pandemic? * *Mark only one.*

- Has not changed
- Increased
- Decreased

14. If it has increased or decreased, what change are you observing? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

15. Has there been an increase in involuntary hospitalizations during the COVID - 19 pandemic? * *Mark only one.*

- Yes
- No

16. If so, what change are you watching? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

17. Number of individual psychotherapy sessions, COVID-19 during a pandemic: *Mark only one.*

- Has not changed
- Increased
- Decreased

18. If it has increased or decreased, what change are you watching? *Mark only one.*

- Slight change (approximately 10%)
- Average change (more than 10% but less than 30%)
- Significant change (over 30%)

19. Number of group psychotherapy sessions, COVID-19 during a pandemic: *Mark only one.*

- Has not changed
- Increased
- Decreased

20. If it has increased or decreased, what change are you watching? *Mark only one.*

Slight change (approximately 10%)

Average change (more than 10% but less than 30%)

Significant change (over 30%)

21. Were consultations held in other departments during the COVID-19 pandemic? *Mark only one.*

Yes, we continued to be invited to consult patients in other departments

Yes, but the consultation took place remotely

No, no counseling was provided to patients in other departments

Only urgent consultations in other departments remained

Other: (enter) _____

22. Has the number of consultations from patients in other departments (other than psychiatry) changed? *Mark only one.*

Yes, decreased

Yes, increased

Has not changed

23. If it has increased or decreased, what change are you watching? *Mark only one.*

Slight change (approximately 10%)

Average change (more than 10% but less than 30%)

Significant change (over 30%)

24. If routine visits were interrupted, was alternative counseling available during the COVID-19 pandemic? *Check all that apply.*

Yes, by phone

Yes, online video chat

Yes, by email

No

Other: (enter) _____

25. Teleconsultation takes place: *Check all that apply.*

At the request of the patient

At the request of the patient's relatives

As regular visits

Other: (enter) _____

26. Has the general public been consulted in your workplace (by telephone or otherwise) about the epidemiological situation?*

Mark only one.

Yes

No

No, but other services have informed the public about this possibility

27. Has there been any additional consultations (by telephone or otherwise) to healthcare professionals in your workplace regarding the epidemiological situation?* *Mark only one.*

Yes

No

No, but other services have informed health professionals about this possibility

28. Are remote consultations recorded? *Mark only one.*

Yes

No

Other: (enter) _____

29. Is medication prescribed to patients remotely?* *Mark only one.*

Yes

No

Extension unless previously used medication

30. Are long-acting drugs injected? **Mark only one.*

Yes, it is possible to inject long-acting drugs at home

Yes, it is possible to inject long-acting drugs in a health care facility

No, long-acting drugs are being replaced by oral drugs

Other: (enter) _____

31. Have you noticed an increase in aggression and violence in people with mental disorders?* *Mark only one.*

Yes

No

32. If so, how has the incidence of aggression and violence increased? *Mark only one.*

Isolated cases, mild (family conflicts, verbal aggression, threats)

Isolated cases, more severe (physical violence)

Many cases that are not serious (family conflicts, verbal aggression, threats)

Many serious cases (physical violence)

33. What mental disorders are most commonly referred to psychiatrists during a COVID-19 pandemic? *

Several variants can be marked.

Mood disorders

Anxiety disorders

Reactions to severe stress

Personality disorders

Substance abuse

Addictions

Psychoorganic disorders

Attempted suicide

Psychotic disorders

Complicated mourning

Other: (insert) _____

34. Have you noticed that more serious patients with neglected conditions are turning to you during a COVID-19 pandemic?*

Mark only one.

Yes

No

35. Have you noticed that during a COVID-19 pandemic, patients delay calling even when they feel unwell? *Mark only one*

Yes

No