



Impact of the COVID-19 Pandemic on Psychiatric Emergency Admissions in Türkiye: Comparison of the Pre-pandemic and Pandemic Periods

COVID-19 Pandemisinin Türkiye’de Acil Psikiyatrik Başvurular Üzerindeki Etkisi: Bir Şehir Hastanesinde Pandemi Öncesi ve Pandemi Dönemlerinin Karşılaştırılması

Kazım Cihan Can¹, Isık Batuhan Çakmak², Yağmur Darben Azarsız³, Nagihan Ayaz Naycı⁴, Seyma Uygun², Hasan Kaya², Erol Goka²

¹Department of Psychiatry, Ankara University, Ankara, Türkiye; ²Department of Psychiatry, University of Health Sciences, Ankara Bilkent City Hospital, Ankara, Türkiye; ³Bariş Mental and Nervous Diseases Hospital, Nicosia, Cyprus; ⁴Department of Psychiatry, Giresun Prof. Dr. A. İlhan Özdemir State Hospital, Giresun, Türkiye

ABSTRACT

Aim: This retrospective study assessed the impact of the COVID-19 pandemic on psychiatric emergencies in Türkiye by comparing the number of psychiatric emergency consultations during the first year of the pandemic with those during the corresponding period before the pandemic.

Material and Methods: The data were retrospectively collected from hospital records of all adult patients admitted to the emergency department and consulted the psychiatry unit between February 1, 2019, and February 28, 2021. The individuals who received consultations in the psychiatry unit before March 11, 2020, were categorized as part of the pre-pandemic group, while those who received consultations after that date were categorized as part of the pandemic group. The admission reasons were categorized into six groups: “aggression/hostility”, “psychotic/ manic”, “depressive”, “alcohol and substance related”, “anxiety”, “suicidal ideation”, “suicide attempt”, and “other”.

Results: There were 1,704 consultations in the pre-pandemic year and 1,506 during the pandemic, representing a 11.6% decrease. In the pre-pandemic group, 48.7% of patients were female (mean age=37.3 years), whereas in the pandemic group, 51.3% were female (mean age=38.5 years). The mean age was significantly higher in the pandemic group. Additionally, admissions related to aggression, hostility, depression, and suicidal ideation decreased during the pandemic period.

Discussion: The results indicate an 11.6% decrease in consultations, likely due to fear of contagion, reduced referrals from emergency physicians, and increased use of telepsychiatry. Interestingly, although the admissions due to suicidal thoughts declined, the number of suicide attempts showed no significant change. Age differences emerged, with older individuals showing higher vulnerability and a notable drop in consultations among the 18–24 age group. Despite fewer admissions, the rate of home discharge increased, reflecting pandemic-related constraints on psychiatric services.

Conclusion: Study findings indicate that the COVID-19 pandemic is associated with a decrease in the frequency of psychiatric emergency admissions. Specifically, reduction rates are explicit with the complaints related to aggression, hostility, depression and suicidal ideation.

Key words: Covid-19; pandemic; psychiatric emergencies; mental health; lockdown; psychiatric consultation

ÖZET

Amaç: Bu retrospektif çalışma, COVID-19 pandemisinin Türkiye’deki acil psikiyatri başvurularındaki etkisini, pandeminin ilk yılındaki başvuru sayısını pandemi öncesi dönemle karşılaştırarak değerlendirmeyi amaçlamaktadır.

Gereç ve Yöntem: Veriler, 1 Şubat 2019 ile 28 Şubat 2021 tarihleri arasında acil servise başvuran ve psikiyatri birimine danışılan tüm yetişkin hastaların hastane kayıtlarından retrospektif olarak toplanmıştır. 11 Mart 2020’den önce psikiyatri birimine danışılan vakalar pandemi öncesi gruba, bu tarihten sonra danışılanlar ise pandemi grubuna dâhil edilmiştir. Başvuru şikâyetleri “saldırganlık”, “psikotik/manik”, “depresif”, “alkol ve madde kullanımı ilişkili”, “anksiyete”, “intihar düşüncesi”, “intihar girişimi” ve “diğer” olmak üzere altı gruba ayrılmıştır.

Bulgular: Pandemi öncesi yılda 1.704 başvuru, pandemi yılında ise 1.506 başvuru gerçekleşti (%11,6 azalma). Pandemi öncesi grupta hastaların %48,7’si kadındı (ortalama yaş 37,3); pandemi grubunda ise %51,3’ü kadındı (ortalama yaş 38,5). Pandemi grubunda ortalama yaş anlamlı düzeyde daha yüksekti. Saldırganlık, düşmanlık, depresyon ve intihar düşüncesi nedeni başvurularda azalma görüldü.

Tartışma: Pandemi döneminde acil psikiyatri konsültasyonlarında %11,6 oranında bir azalma olduğu görülmüş, bu durumun hastane ortamından bulaş korkusu, acil hekimlerinin daha az yönlendirme yapması ve telepsikiyatri kullanımının artmasıyla ilişkili olduğu düşünülmüştür. İlginç bir şekilde, intihar düşüncesi nedeniyle başvurular azalırken, intihar girişimlerinde anlamlı bir değişiklik gözlenmemiştir. Yaş grupları arasında farklılıklar saptanmış ve yaşlı bireylerin daha savunmasız olduğu ve 18–24 yaş grubunda belirgin bir düşüş yaşandığı belirlenmiştir. Başvurular azalmış olmasına rağmen, eve taburcu edilme oranında artış olduğu ve bunun pandemi nedeniyle psikiyatri hizmetlerindeki kısıtlamalarla bağlantılı olduğu görülmüştür.

Sonuç: Araştırmanın sonuçlarına göre, COVID-19 pandemisi acil psikiyatri başvuru sıklığındaki düşüşle ilişkili bulunmuştur. Pandemi dönemi başvuru sayılarındaki bu azalmanın özellikle saldırganlık, depresyon ve intihar düşüncesi gibi yakınmalarda daha belirgin olduğu gözlenmiştir.

Anahtar kelimeler: Covid-19; pandemi; psikiyatrik aciller; ruh sağlığı; karantina; psikiyatrik konsültasyon

İletişim/Contact: Isık Batuhan Çakmak, Department of Psychiatry, University of Health Sciences, Ankara Bilkent City Hospital, Ankara, Türkiye • **Tel:** 0537 740 28 28 • **E-mail:** batuhancakmak@hotmail.com; batuhan.cakmak@sbu.edu.tr • **Geliş/Received:** 16.05.2025 • **Kabul/Accepted:** 12.09.2025

ORCID: Kazım Cihan Can: 0000-0003-1547-0040 • Isık Batuhan Çakmak: 0000-0003-2779-3947 • Yağmur Darben Azarsız: 0000-0002-5759-8694 • Nagihan Ayaz Naycı: 0000-0002-0865-2818 • Şeyma Uygun: 0009-0000-9274-3749 • Hasan Kaya: 0000-0002-9289-6013 • Erol Goka: 0000-0001-7066-2817

Introduction

In January 2020, the World Health Organization (WHO) announced that COVID-19 is a viral pneumonia caused by a novel virus, which was later declared a pandemic by the WHO. After the first case was reported in Türkiye on March 11, 2020, strict measures, including nationwide restrictions, were implemented to control the pandemic (1).

The COVID-19 pandemic has caused negative consequences on the physical and mental health of people, both directly and indirectly. Evidence from studies shows that the pandemic has deteriorated people's psychological well-being in many ways (2,3). Strict public health measures such as social distancing and quarantine are associated with psychological distress (4), and mental health deteriorated even in the early stages of the pandemic compared to the pre-pandemic period (5). Reports indicate that anxiety, depression, fear, and sleep problems have been more prevalent during the COVID-19 pandemic (6). The pandemic was also associated with worsened treatment compliance and disease progression in people previously diagnosed with a mental disorder (7,8). It was discussed that pandemic-related socioeconomic distress, anxiety, and uncertainty may lead to an increase in suicide rates (9). However, recent studies have reported conflicting results about suicide rates during the COVID-19 pandemic (2,10,11).

In addition, increased healthcare demand during the pandemic necessitated the restructuring of medical services. These reorganizations included postponing elective medical intervention and restricting non-urgent consultations (12,13). The decrease in the number of assigned psychiatric beds and the restriction of outpatient admissions have led to disruptions in the continuity of psychiatric care. Altogether, increased psychosocial stress and decreased capacity for psychiatric services during the pandemic may have caused a change in emergency psychiatric consultations.

A psychiatric emergency is defined as an acute disturbance in thought, behavior, mood, or social relationships that requires immediate intervention. Chronic mental diseases, psychosocial stress factors, and adverse life events can cause psychiatric emergencies (14). Several recent studies have reported reduced rates of emergency psychiatric consultations during the pandemic (15,16).

In this study, we aimed to assess the impact of the COVID-19 pandemic on psychiatric emergencies in Türkiye and compare emergency psychiatric consultations during the first year of the pandemic with the same period before the pandemic.

Materials and Methods

Sample

This retrospective, observational study was conducted at Ankara Bilkent City Hospital, the largest hospital in Türkiye with 3,704 beds, which primarily serves a population of over 5.5 million inhabitants in Ankara Province. The hospital provides 24-hour psychiatric emergency care, and a resident and a specialist from the psychiatry unit evaluate each patient who visits the emergency department.

The researchers retrospectively collected data from hospital records of all adult patients admitted to the emergency department and consulted the psychiatry unit between 01 February 2019 and 28 February 2021. Data on age, sex, admission, consultation reason, and mode of discharge were extracted. Admission reasons were categorized into the following groups: "aggression/hostility", "psychotic/manic", "depressive", "alcohol and substance related", "anxiety", "suicidal ideation", "suicide attempt", and "other". Categorization was based on the primary presenting complaint and the initial clinical evaluation documented at the time of emergency psychiatric consultation. These categories represent syndromic presentations commonly used in emergency psychiatry practice rather than formal diagnostic classifications, allowing clearer delineation of symptom clusters relevant to triage and treatment planning. In cases of uncertainty, at least two researchers independently reviewed the consultation notes and reached consensus on the appropriate category.

All consultations were divided into two groups according to admission date. Since the WHO declared COVID-19 a global pandemic on 11 March 2020, consultations before that date were included in the pre-pandemic group (Pre-P), and those after that date in the pandemic group (P). The study was approved by the Ankara Bilkent City Hospital Ethical Committee, Ankara, Türkiye (Date: 23/06/2021, Approval number: E1-21-1815).

Statistical Analysis

The Kolmogorov-Smirnov test was used to assess whether continuous variables were normally distributed. Descriptive statistics were reported as numbers and percentages for categorical variables and mean \pm standard deviation for continuous variables. Continuous variables were analyzed using an independent-samples t-test. Categorical variables were compared using the chi-square test. The IBM Statistical Package for Social Sciences (SPSS) program version 22.0 program was used for statistical analysis of the data. $P < 0.05$ was considered statistically significant.

Results

The total number of emergency psychiatric consultations carried out between 01 February 2019 and 28 February 2021 was 3,210. A total of 1,506 psychiatric consultations were conducted in the first year of the pandemic. In contrast, 1,704 psychiatric consultations were carried out in the corresponding year before the pandemic. There was 11.6% decrease in psychiatric consultations during the pandemic relative to the previous year.

Regarding sociodemographic characteristics, there was no significant difference in sex between the groups, $\chi^2 (1, N=3,210)=2.293, p=0.130$. The mean age of the sample was 37.87 (SD=15.54). The mean age of consulted patients differed significantly between the groups, with those consulted during the pandemic being older ($t(3208)=-2.098, p=0.036$). Admissions significantly decreased during the pandemic period in the 18–24-year-old age band, $\chi^2 (1, N=3,210)=12.354, p < 0.001$. No significant differences were observed in other age bands between the pre-pandemic and pandemic periods.

Compared to the year before the pandemic, a decrease was observed for all psychiatric admission reasons. There was a significant decrease in admission counts due to aggression or hostility towards others ($\chi^2 (1, N=3,210)=4.267, p=0.038$); depressive complaints ($\chi^2 (1, N=3,210)=3.004, p=0.047$); suicidal ideation ($\chi^2 (1, N=3,210)=4.794, p=0.017$) during the pandemic period. No significant differences were found between time intervals among admission reasons related to psychoses, mania, alcohol or substance use disorders, anxiety and suicide attempts.

There were significant decreases in the numbers of patients discharged home ($\chi^2 (1, N=3,210)=11.983, p < 0.001$)

and psychiatric hospitalizations ($\chi^2 (1, N=3,210)=26.876, p < 0.001$) during the pandemic. There were no significant differences between the two periods in the numbers of hospitalizations to non-psychiatric departments, early voluntary discharge from ED and death.

Table 1 compares the sociodemographic and clinical characteristics of psychiatric consultations between the Pre-P and P periods.

Table 1. Sociodemographic and clinical characteristics of the emergency psychiatric consultations during pre-pandemic and pandemic periods

	Pre-P group (n=1704)	P group (n=1506)	χ^2 / t test	p-value
Sex (N; %)			2.293	0.137
Female	829; 48.7%	773; 51.3%		
Male	875; 51.3%	733; 48.7%		
Age at admission (mean \pm SD)	37.33 \pm 15.71	38.48 \pm 15.32	t: -2.098	0.036*
Admissions by age bands (N; %)				
18–24	406; 23.8%	282; 18.7%	12.354	<0.001*
25–34	469; 27.5%	430; 28.6%	0.419	0.517
35–44	354; 20.8%	350; 23.2%	2.838	0.092
45–54	233; 13.7%	210; 13.9%	0.049	0.824
55–64	127; 7.5%	131; 8.7%	1.677	0.195
65+	115; 6.7%	103; 6.8%	0.010	0.919
History of any psychiatric diagnosis (N; %)	1220; 71.6%	1076; 71.4%	0.009	0.938
Admission reason (N; %)				
Aggression/hostility	344; 20.2%	261; 17.3%	4.267	0.038*
Psychotic/manic	396; 23.1%	322; 21.4%	1.398	0.251
Depressive	184; 10.8%	135; 8.9%	3.004	0.047*
Alcohol and Subs.	115; 6.7%	113; 7.5%	0.682	0.224
Anxiety	287; 16.8%	243; 16.1%	0.290	0.312
Suicidal ideation	120; 7.1%	78; 5.1%	4.794	0.017*
Suicide attempt	389; 22.8%	362; 24.0%	0.652	0.222
Other	266; 16.1%	213; 14.6%	1.355	0.133
Type of discharge (N; %)				
Discharge at home	1220; 71.5%	1159; 76.9%	11.983	<0.001*
Hospitalization (psychiatry department)	259; 15.2%	138; 9.2%	26.876	<0.001*
Hospitalization (non-psychiatric department)	52; 3.1%	61; 4.1%	2.348	0.125
Early voluntary discharge from ED	159; 9.3%	142; 9.4%	0.010	0.923
Death	14; 0.8%	6; 0.3%	2.312	0.128

Discussion

The present study aimed to compare the characteristics of emergency psychiatric consultations in the first year of the COVID-19 pandemic with those in the year before the pandemic at the largest hospital in Ankara. The most notable finding of the study is the 11.6% decrease in emergency psychiatric consultations during the first year of the COVID-19 pandemic. This result is in line with recent studies that also reported a decrease in emergency psychiatric admissions (15–18). The decrease in the number of consultations may be due to fear of contagion. Evidence from previous studies has shown that fear of contamination during the COVID-19 pandemic led to a decline in hospital and emergency department admissions (19,20). Another possible explanation is that consultations with psychiatrists by emergency physicians may have decreased due to the increased demand for pandemic-related services.

However, in our study, the reduction in admissions was lower than previously reported. The reported reduction rates ranged from 37.9% to 52.2% in these studies (17,18). Other studies from Türkiye have reported reduction rates ranging between 3.1% and 42% (21–23). A possible explanation for this may be differences between centers and the study date ranges. Yalçın et al. reported differing reduction rates between the lockdown and non-lockdown periods: 12% and 41.6%, respectively (22). Another study from Türkiye reported declines of 3.1% and 42% in psychiatric emergency visits during the first and second years of the pandemic, respectively (23). Pignon et al. reported a 54.8% reduction in emergency psychiatric admissions in the first four weeks of the lockdown (15), and other studies have similarly evaluated early lockdown periods ranging from 45 days to two months (16–18). In this study, emergency psychiatric admissions in the first year of the pandemic were compared with those in the previous year. The longer time interval included in the study may be another possible explanation for the difference in reduction rates. Similarly, di Lorenzo et al. observed a 24% decrease in emergency psychiatric admissions over 6 months during the COVID-19 pandemic (24).

The groups were similar in terms of sex in both the pre-pandemic and pandemic periods. However, the age of the consulted patients was higher in the pandemic group. This aligns with findings from previous studies reporting that older individuals may be more vulnerable during the pandemic period (15,17,24). Interestingly, there was a significant decrease in admissions among

the 18–24 age group during the pandemic, whereas no significant difference was observed in the age groups above 25. To our knowledge, only Pignon et al. examined age-specific differences and similarly reported a reduction limited to the 16–24 age group (15).

It is noteworthy that the number of admissions due to aggression/hostility decreased during the pandemic period, which was also reported by Ferrando et al. (18). Although several studies have reported an increase in domestic violence and related problems during the COVID period (25–29), a decrease in emergency service applications due to aggression/hostility was observed. A similar situation is valid for the decrease in admissions with depressive symptoms. This finding is in accord with some previous studies (24,30) but not with others (15,16,18). Fear of contagion and stay-at-home orders may have led patients with mild or moderate symptoms to delay seeking care in emergency departments. Additionally, telepsychiatry services may also have contributed to this decrease.

It has been suggested that admission rates due to suicidal thoughts and attempts may have changed during the COVID period, although findings remain inconsistent. Another finding of our study was that the number of patients presenting with suicidal ideation decreased significantly during the pandemic. At the same time, there was no significant change in the number admitted following a suicide attempt. Findings from Türkiye have been inconsistent. Yalçın et al. reported no significant difference in suicide attempts between the periods (22), whereas Aksoy Poyraz et al. reported lower rates of suicidal ideation and attempts during the pandemic (23). Psychiatric disorders associated with suicide are known to be associated with severe depression, bipolar disorder, alcohol/substance use disorders, and psychotic disorders. The absence of a significant difference between the groups in admissions for psychotic/manic, alcohol and substance use, and anxiety may be considered as an underlying reason for the similarity in suicide attempt admissions.

Another striking finding is the statistically significant increase in the rate of home discharge despite the decrease in emergency service admissions. Additionally, the number of hospitalizations in the psychiatry service decreased. Factors such as restrictions on psychiatric services, decreases in psychiatric beds, and staff shortages during the pandemic seem to be related to this situation.

This study has some limitations. Firstly, it is an observational retrospective study, which limits causal

inference. Another limitation is that the sample consisted of cases referred to psychiatry by emergency physicians, and some mild cases might have been managed without consultation. Despite its limitations, the comparison of one-year periods before and after the pandemic, along with the relatively large sample size, can be considered a strength of the study.

Conclusion

This study was conducted to assess the effect of the COVID-19 pandemic on psychiatric emergencies in Türkiye. The most important finding of the study is the decrease in psychiatric emergency service admissions in the post-pandemic period. Additionally, the results of this study showed that the pandemic was associated with a decrease in the rates of complaints related to aggression, hostility, and depression. Further studies are needed to assess whether these findings reflect a true reduction in the prevalence of psychiatric complaints in the general population during the early stages of social crises, such as the pandemic, or are due to difficulties accessing healthcare under pandemic conditions.

The drastic decrease in the rate of hospitalization to psychiatry services suggests that mental health services may have been disrupted during the pandemic. Ensuring and facilitating the continuation of access to mental health services is of primary importance for psychiatric patients and vulnerable populations, even in crises that affect life in every aspect, such as a pandemic.

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