

Research article

The impact of the COVID-19 pandemic on hospital admissions in a psychiatric ward in a general hospital in Greece

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ABSTRACT

The negative consequences of the COVID-19 pandemic and the subsequent restrictive measures on the mental health and well-being of the population and psychiatric patients have been widely recognized. Patients' treatment attendance and engagement with mental health services had been negatively affected by the pandemic, whereas patients were less likely to receive timely outpatient care. The pandemic also impacted the use of inpatient services. The present study aimed to explore the variability of attendance and admissions to a general hospital psychiatric ward over a 12-month interval after the onset of the pandemic (March 2020), compared to the respective 12-month pre-pandemic interval. A retrospective, observational pre/post study was performed, involving a general hospital psychiatric ward in Corfu, Northwest Greece, which serves an insular catchment area of approximately 100,000 inhabitants. For data analysis, *c*- and *u*-charts of statistical process control charts were employed, using monthly data (March 2019 to February 2021). Overall, a significant decline in attendance rates was observed, mostly accounted for by a 26.5% reduction in voluntary attendance rates (1516 patients prior vs. 1114 patients after the onset of the pandemic). The involuntary commitment of patients did not differ between the two periods (106 prior vs. 100 after the onset of the pandemic). Admission rates did not change significantly between the two periods. Diagnoses that exhibited significant variance in examinations between the two study periods were mood disorders and personality disorders, whereas there was no significant variation in the number of admissions across different diagnoses. Length of hospital stay increased significantly by 13.2% over the first year of the pandemic, from 25.57 days (Md= 13, IQR= 22) during the pre-COVID-19 period to 28.95 days (Md= 22, IQR= 28) during the COVID-19 period. Patients with schizophrenia and related disorders (Mean= 34.25 days, SD= 43.19) and mood disorders (Mean= 26.26, SD= 33.48) had prolonged hospital stays compared to other diagnoses. These findings highlight significant shifts in psychiatric care delivery during the pandemic and underscore the need for targeted interventions to address the evolving demands on mental health services during public health crises.

KEYWORDS: Admissions, COVID-19 pandemic, emergency attendance, general hospital psychiatric ward, involuntary admissions, length of hospital stay.

Introduction

As a result of the COVID-19 outbreak in early 2020, most countries imposed restrictive measures that affected the mental health of the population and the mental healthcare systems globally. A survey in 130 countries found that mental healthcare needs had increased over the COVID-19 pandemic, whereas access to mental health services had been disrupted in 93% of countries.¹ The consequences of the COVID-19 pandemic and the subsequent restrictive measures on the mental health and well-being of the general population have been widely recognized and high rates of negative mental health outcomes have been reported.^{2,3} However, a wide variability in the prevalence of pandemic-associated mental health problems and psychosocial consequences has been observed across countries.⁴ Patients' attendance to treatment and engagement with mental health services had also been affected by the pandemic, whereas community and rehabilitation services had been considerably reduced or occasionally ceased; accordingly, patients were less likely to receive timely outpatient care.⁵

The application of restrictive measures also impacted patients' access to inpatient psychiatric services. In Spain, a 37.9% decrease in psychiatric admissions was recorded, but the percentage of emergency admissions increased.⁶ Other research in Italy found that during the COVID-19 lockdown, a 41% reduction in psychiatric admissions took place, which was restored in the post-lockdown period, whereas an increase in long-stay admissions was also observed.⁷ Less profound a reduction in mental hospital admissions was observed in Malta⁸ and Switzerland,⁹ where an increase in the proportion of involuntary admissions was recorded.

Changes in inpatient psychiatric wards had also been reported, concerning the increase of the threshold for admission, the reduction of the provided services, the reduction of bed availability, and early discharge.^{5,10} Practices such as restricting patients from leaving the hospital or from receiving visits and reducing activities within the wards have also been applied.⁵

In Greece, several studies have addressed the psychological impact of the COVID-19 pandemic on the general population^{11–13} and on persons with pre-existing mental health problems,¹⁴ yet, to the best of our knowledge, there have been no studies addressing the effect of the pandemic on psychiatric admissions. The aim of the present study was therefore to assess attendance and admissions to a psychiatric ward in a general hospital over the first two waves of the pandemic and to compare attendance and admissions over the first year of the pandemic with the respective period before the pandemic.

Materials and Method

Participants

The study was conducted in the psychiatric emergency department and the psychiatric ward of the general hospital of Corfu, Northwest Greece, which serves an insular catchment area of approximately 100,000 inhabitants. The study involved adult individuals seeking assessment and subsequently admitted to the acute and short-stay units within the psychiatric ward of the hospital which has a 24-bed capacity. The research procedures were approved by the Scientific Committee of the General Hospital of Corfu, which waived the need for patients' informed consent due to the retrospective, observational design of the study.

Procedures

The study included adult patients who were either referred voluntarily or involuntarily to the emergency psychiatric department or were admitted to the adult psychiatric ward of the General Hospital of Corfu from March 2019 to February 2021. It also encompassed patients who were transferred from other hospital wards to the psychiatric ward and those referred from other mental health facilities within the hospital's psychiatric sector. Exclusion criteria were: patients admitted to the substance detoxification unit, as their 21-day stay was pre-scheduled; individuals <16 years old falling under child psychiatry care; and those seeking various types of certificates or documentation.

Measures

This is a retrospective, observational pre-post study. All emergency visits and admissions of adult patients over 2 years were considered. Data were retrieved from patients' charts and involved two distinct periods: March 2019–February 2020 (that is, prior to the COVID-19 pandemic outbreak) and March 2020–February 2021 (that is, after the pandemic outbreak), respectively. Comparisons concerned the number of emergency visits, the number of admissions (involuntary and voluntary), and the length of hospital stay over each period. All diagnoses were made by the ward's consultant psychiatrists, according to the International Classification of Diseases, 10th revision (ICD-10), and were recorded in patients' charts.

Statistical analysis

Statistical analysis was performed using SPSS 29.0 software. Cases with missing data were excluded from the analysis to ensure the robustness and accuracy of the findings. Normality of distributions was assessed with the use of the Kolmogorov-Smirnov criterion. For comparisons of quantitative variables between two groups, either Student's t-test or the Mann-Whitney U

test was employed, depending on the distribution of the data. Comparisons across multiple groups were carried out with a non-parametric Kruskal-Wallis analysis of variance. To control Type I error due to multiple comparisons, Bonferroni correction was applied by adjusting the significance threshold to $0.05/\kappa$, where κ represents the number of comparisons. All tests were two-tailed, and statistical significance was set at a p-value of 0.05.

The variability of the attendance and admissions of patients for the 12-month interval prior to the official onset of the COVID-19 pandemic in Greece (March 2020) and the respective 12-month interval after the pandemic onset was studied on the basis of attendance/admission type (voluntary and involuntary), biological sex, and diagnostic category. For data analysis, c- and u-charts of statistical process control (SPC) charts were employed, with the use of monthly data (March 2019 to February 2021). Significant shifts in the measures were prospectively identified with the use of traditional rules for patterns on SPC.

Results

Impact of the COVID-19 pandemic on examinations and admissions

A total of 2836 examinations (1469 males, 51.8%) were carried out in the psychiatric department of the gener-

al hospital of Corfu over the study period. During the pre-COVID-19 period, 809 female examinations were carried out (representing 59.1% of females) and 820 male examinations (55.8% of males); that dropped to 558 (40.9%) and 649 (44.2%) examinations, respectively, during the COVID-19 period. During the year prior to the pandemic (March 2019-February 2020), 1622 examinations were conducted, whereas during the first year of the pandemic (March 2020-February 2021), the number dropped to 1214 examinations. A slight decrease of 5.7% was observed in involuntary examinations (total 206, 106 during the pre-pandemic period and 100 during the pandemic period). Regarding voluntary examinations (n=2630), there was a decrease of 26.52% over the pandemic period (n=1114), compared to the pre-pandemic period (n=1516). Figure 1 shows the c-chart of total attendance rate. The average monthly number is 118.38 outpatient visits, with a lower limit of 85.73 and an upper limit of 151.02 outpatient visits. Six grey points appear on the chart, which indicate that there is a difference in the variability of attendance. The 4 points that are higher than the upper limit correspond to months before the onset of the pandemic, while the 2 points that are lower than the lower limit correspond to months after the onset of the pandemic.

Among the 206 examinations that were conducted involuntarily, 168 resulted in admissions over the 2-year

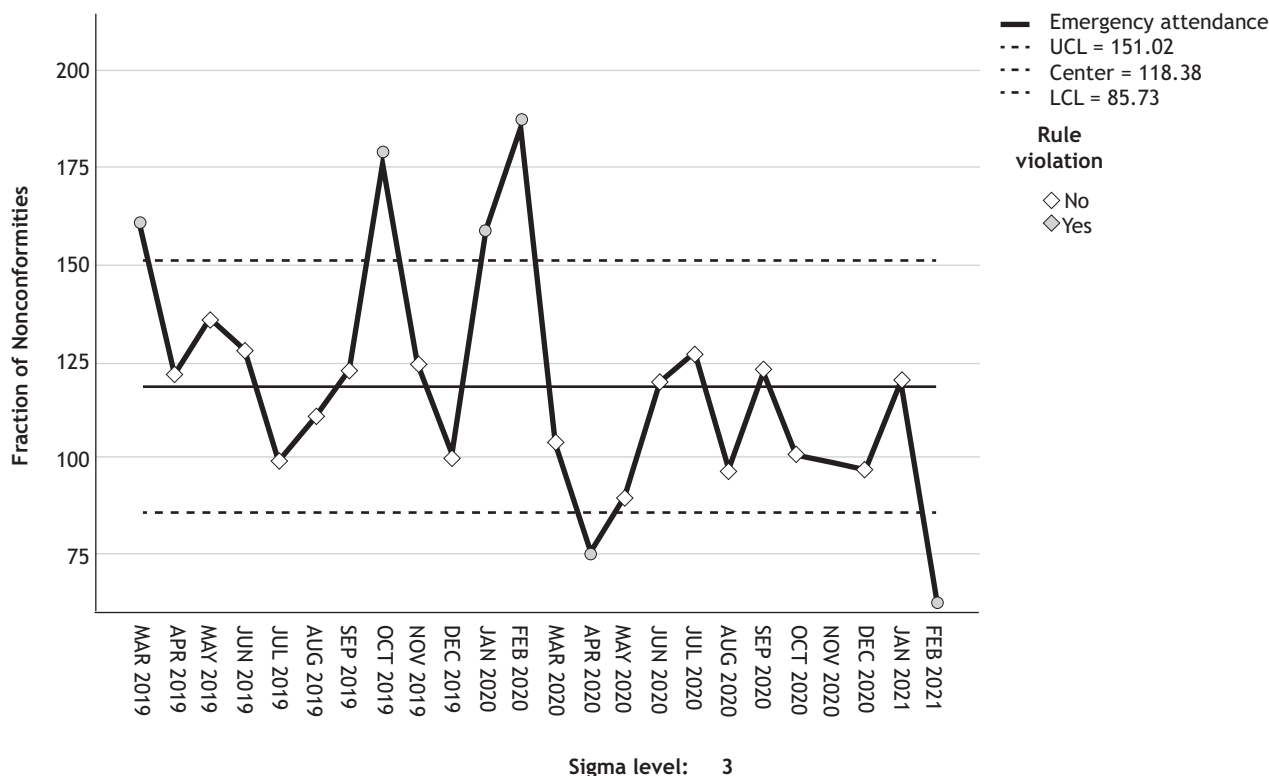


Figure 1. Control c-chart of patients' attendance before and after the onset of the COVID-19 pandemic.

study period. Out of 2630 voluntary examinations, only 594 led to hospitalizations. Therefore, out of the total 762 admissions, 168 were involuntary, and 594 were voluntary admissions. Figure 2a shows the control c-chart of voluntary outpatient visits and examinations. The average monthly number is 111.04 voluntary examinations, with a lower limit of 79.43 and an upper limit of 142.65 voluntary examinations. Six grey points appear on the chart, indicating a difference in the variability of voluntary attendance. The 4 points that are higher than the upper limit correspond to months before the onset of the pandemic, while the 2 points that are lower than the lower limit correspond to months after the onset of the pandemic. Figure 2b shows the control c-chart of involuntary examinations. The average monthly number is 7.50 involuntary examinations, with a lower limit of 0.00 and an upper limit of 15.72 involuntary examinations. No difference in the variability is observed as all points on the chart are within the limits. Figure 3 shows control u-chart of total admissions. The average admission rate is 0.27 (27%). The chart shows that there is no difference in the variability of the number of admissions, as all points are within the control limits.

Data on admissions ($n=762$) indicated that male admissions ($n=398$, 52.1%) were slightly higher than female admissions ($n=364$, 47.9%). The average age of patients admitted to the psychiatric department of the General Hospital of Corfu was 51 years ($Md=51.5$, $SD=14.3$ years), with a median hospital stay of 16.5 days ($IQR=26$ days). Among them, 39.8% were diagnosed with mood disorders, 32.6% with schizophrenia-spectrum disorders, and 12.5% with personality disorders.

Impact of the COVID-19 pandemic on length of hospital stay

Length of hospital stay differed significantly between the two phases of the study (table 1). The mean length of hospitalization during the pre-COVID-19 pandemic period was 25.57 days ($Md=13$, $IQR=22$), while during the COVID-19 period, it increased by 13.2%, up to 28.95 days ($Md=22$, $IQR=28$).

Over the 2-year study period, the mean length of hospitalization in involuntary admissions was significantly higher at 32.13 days ($Md=22$, $IQR=30$), compared with the mean length of 25.27 days ($Md=15$, $IQR=24$) in voluntary admissions ($U=41569$, $z=-4.120$, $p<0.001$). Males exhibited a significantly higher mean rank (397.76, 28.88 days) in hospital stay duration compared to females, whose mean rank (363.62, 24.68 days) was lower. This indicates that, on average, males experienced longer hospital stays than females ($U=78907.5$, $z=2.139$, $p=0.032$) (data not shown in table).

Examinations and admission trends across different diagnostic categories

Diagnoses appeared in the records of 2652 out of the 2836 individuals that were examined at the psychiatric department (93.56% diagnostic rate). Mood disorders accounted for the highest percentage of cases (909 cases, 32%), whereas schizophrenia and related disorders (679 cases) accounted for 23.9% of the total. The diagnostic groups that exhibited significant variances in examinations between the two periods were mood disorders, personality disorders, and other diagnoses (figure 4).

Regarding admissions, 40% of cases were diagnosed with mood disorders ($n=305$), 33.2% with schizophrenia-spectrum disorders ($n=253$), and 12.3% with personality disorders ($n=94$). Control u-charts of admissions showed there were no differences in the variability of the number of admissions across different diagnoses, as all points were within the control limits (figure 5).

Length of hospital stay across diagnoses

Analysis of the length of hospitalization across various diagnostic categories showed a statistically significant difference. Further post-hoc pairwise comparisons (Bonferroni correction) were conducted, revealing specific pairs of diagnostic categories demonstrating statistically significant differences in their distributions. Schizophrenia and related disorders ($Mean=34.25$ days, $SD=43.19$) and mood disorders ($Mean=26.26$, $SD=33.48$) displayed prolonged hospital stay compared to other diagnoses (table 2).

Discussion

The present study investigated the impact of the COVID-19 pandemic on care provided by a psychiatric ward in a general hospital, with a focus on attendance rates, admissions, and length of hospitalization. The findings revealed some substantial shifts in various facets of psychiatric care. Attendance rates were lower during the first year of the pandemic, whereas admission rates remained unchanged. Patients who were admitted to the ward after the onset of the pandemic spent more days in the hospital.

Emergency outpatient attendance presented a notable decline during the pandemic period compared to the pre-COVID-19 period, accounted for by a significant decline in voluntary assessments, whereas rates of involuntary attendance remained almost unchanged. The results align with previous studies during the pandemic and the subsequent lockdowns, indicating a decline in outpatient examinations. Studies from Canada,¹⁵ Sweden¹⁶ and

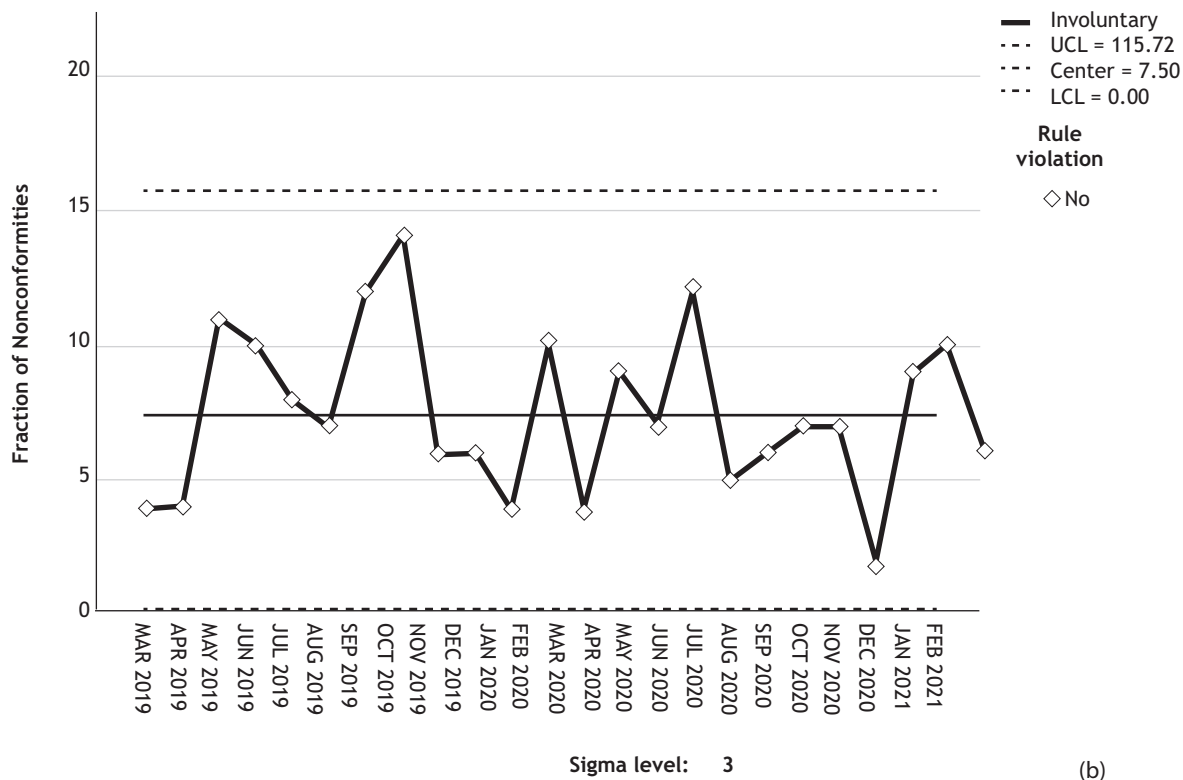
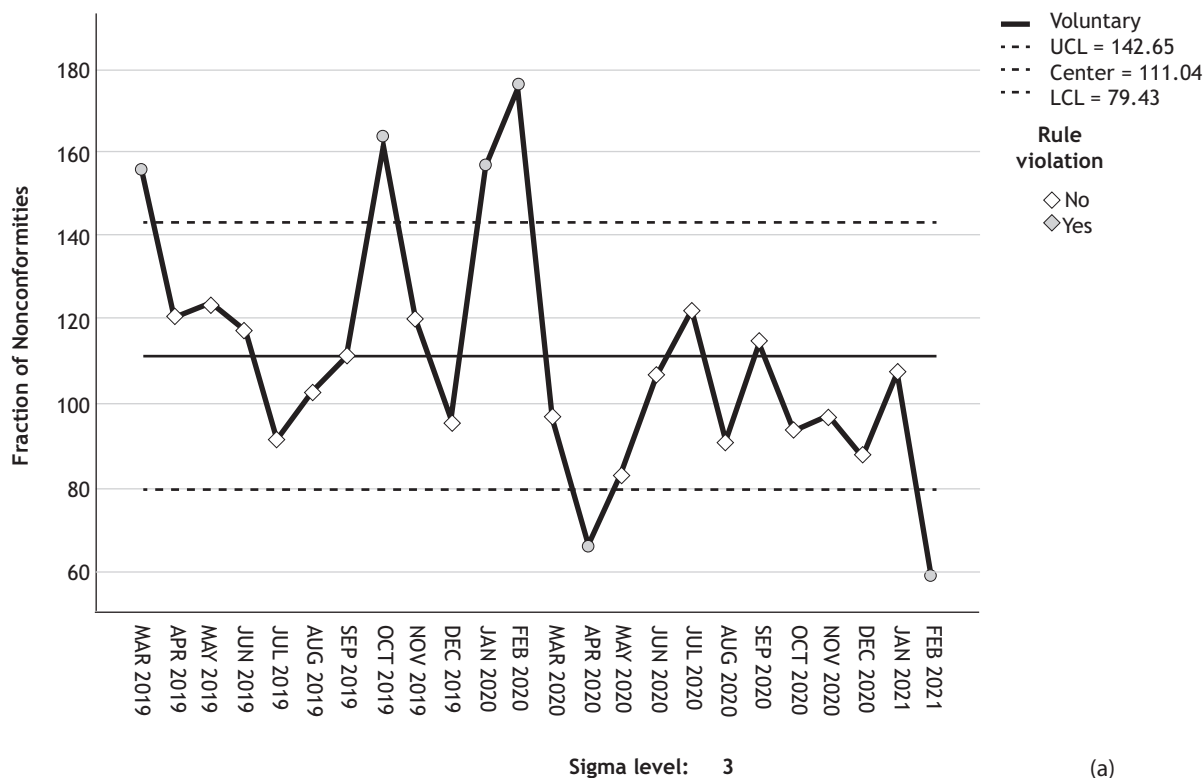


Figure 2. (a) Control c-chart of patients' voluntary attendance before and after the onset of the COVID-19 pandemic. (b) Control c-chart of patients' involuntary attendance prior to and after the onset of the COVID-19 pandemic.

Italy^{7,17,18} reported a decrease in psychiatric patients' visits, ranging from 15% to 59% during the pandemic waves. However, another study in Italy that assessed outpatient attendance over the 4-month interval after the initial

lockdown imposed during the COVID-19 outbreak found an increase in emergency room psychiatric consultations compared to the previous year. According to the authors, the finding indicated the increased psychological distress

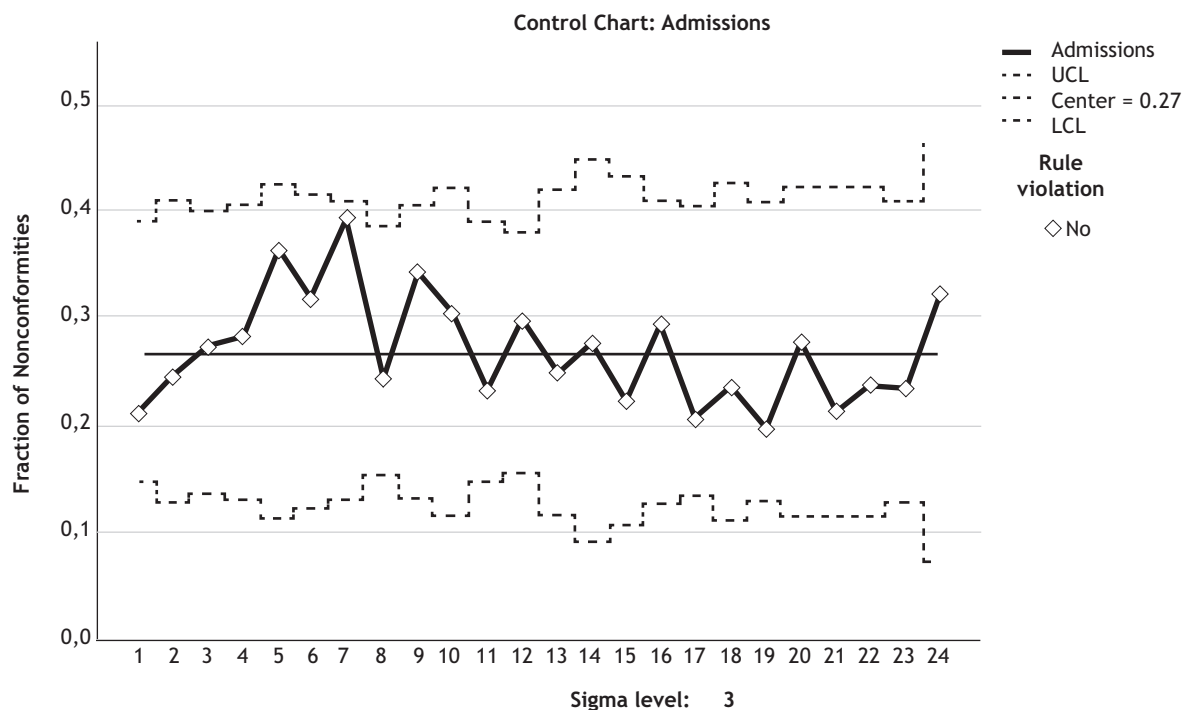


Figure 3. Control U-chart of patients' admissions prior to and after the onset of the COVID-19 pandemic.

Table 1. Patients' length of hospital stay prior and after the onset of the COVID-19 pandemic.

	Pre-COVID-19	COVID-19	Statistical test	p
Days of hospital stay (mean±SD)				
Total admissions	25.57±41.95	28.95±26.62	U=88242.5, z=-6.511	<0.001
Voluntary	23.66±40.19	28.20±26.81		
Involuntary	33.53±48.08	30.71±22.67		

caused by the lockdown.¹⁹ Other research in Italy reported a significant increase in emergency department visits for an acute psychiatric condition over the COVID-19 pandemic outbreak.²⁰ According to figure 1, a fluctuation of attendance rates over the first year of the pandemic was observed in the present study, corresponding to the different waves of the pandemic and the subsequent relaxation or reinforcement of restrictive measures. This notion is consistent with other research in various countries.²⁰⁻²³

In the present study, admission rates did not differ significantly prior to and during the COVID-19 pandemic. Similarly, a previous study in the United Kingdom found no pre/post-pandemic differences in patients' psychiatric admissions.²⁴ In contrast, a multicenter study in Germany recorded a decrease of approximately 40% in patients' admissions across 38 psychiatric hospitals.²⁵ The rate of involuntary admissions in the present study did not differ between the two examined periods. Other research that assessed involuntary admissions as a per-

centage of total admissions found that the proportion of involuntary admissions increased significantly during the pandemic period.^{9,23} Although most studies point toward a global trend of reduced psychiatric patient visits and admissions during the pandemic, there is great variability in findings across different regions and healthcare systems, suggesting methodological differences among studies. Despite these inconsistencies, gender distribution remained relatively balanced across both periods.²⁴

The study also unveiled substantial changes in hospitalization duration. The mean length of hospital stay increased significantly by 13.2% during the COVID-19 period. Notably, involuntarily admitted patients experienced longer hospitalizations compared with those admitted voluntarily, emphasizing the severity of conditions requiring involuntary inpatient care. Patients with mood disorders or schizophrenia-spectrum disorders exhibited prolonged hospital stays compared to patients with anxiety disorders. Gender differences were

also observed, with males experiencing longer hospital stays than females.

Several studies reported increased median length of hospital stay after the onset of the COVID-19 pan-

demic.^{15,17} Other research⁷ recorded an increase in the median length of hospital stay, both in moderate duration (7 to 14 days) and longer duration (>14 days) during the first lockdown, to be followed by a 39% reduc-

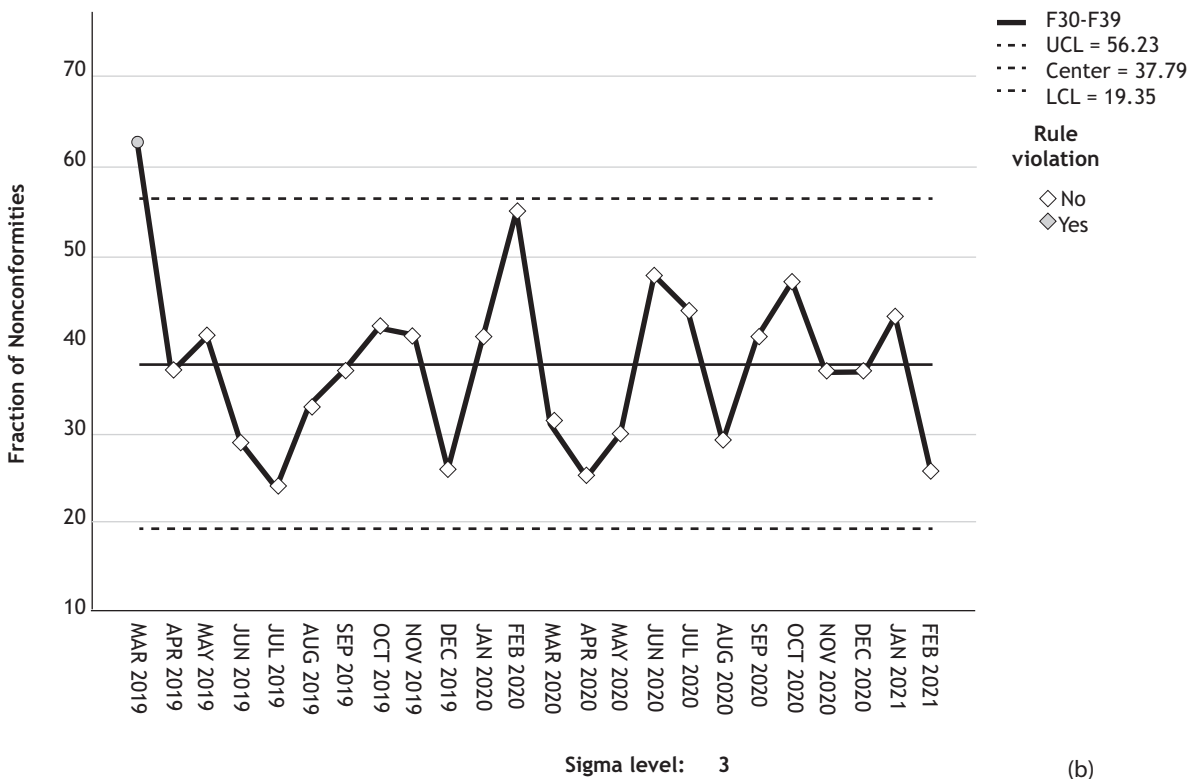
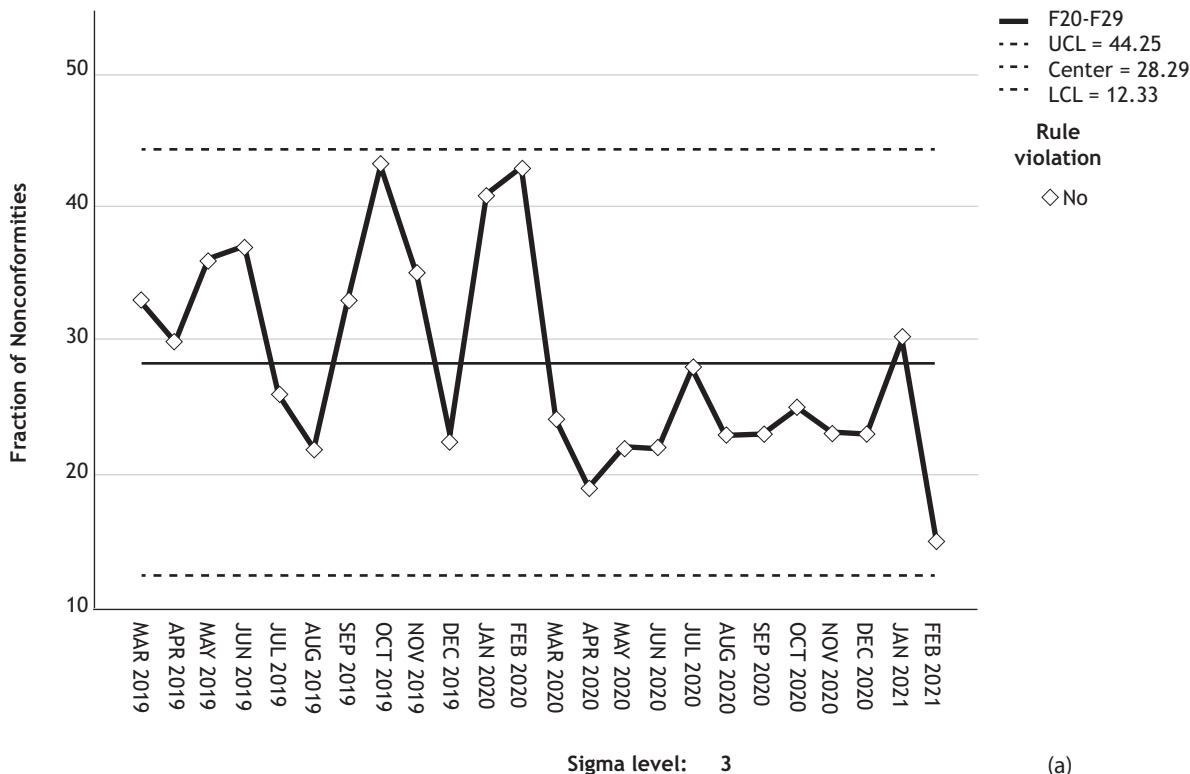
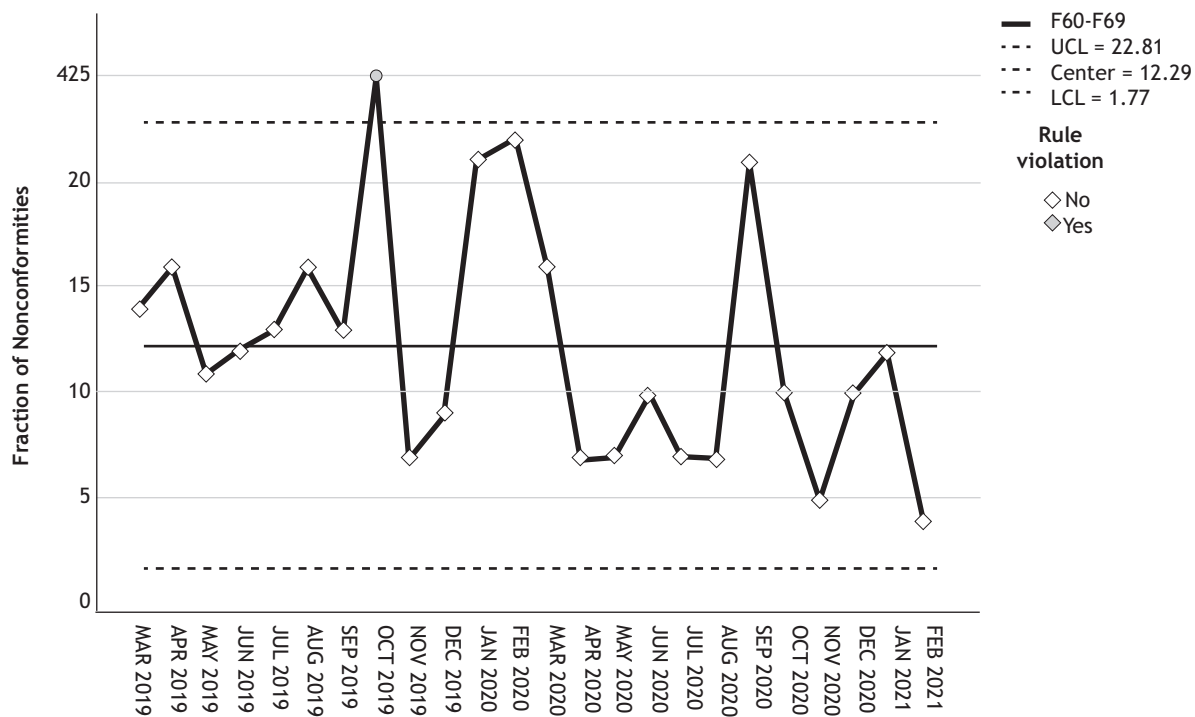
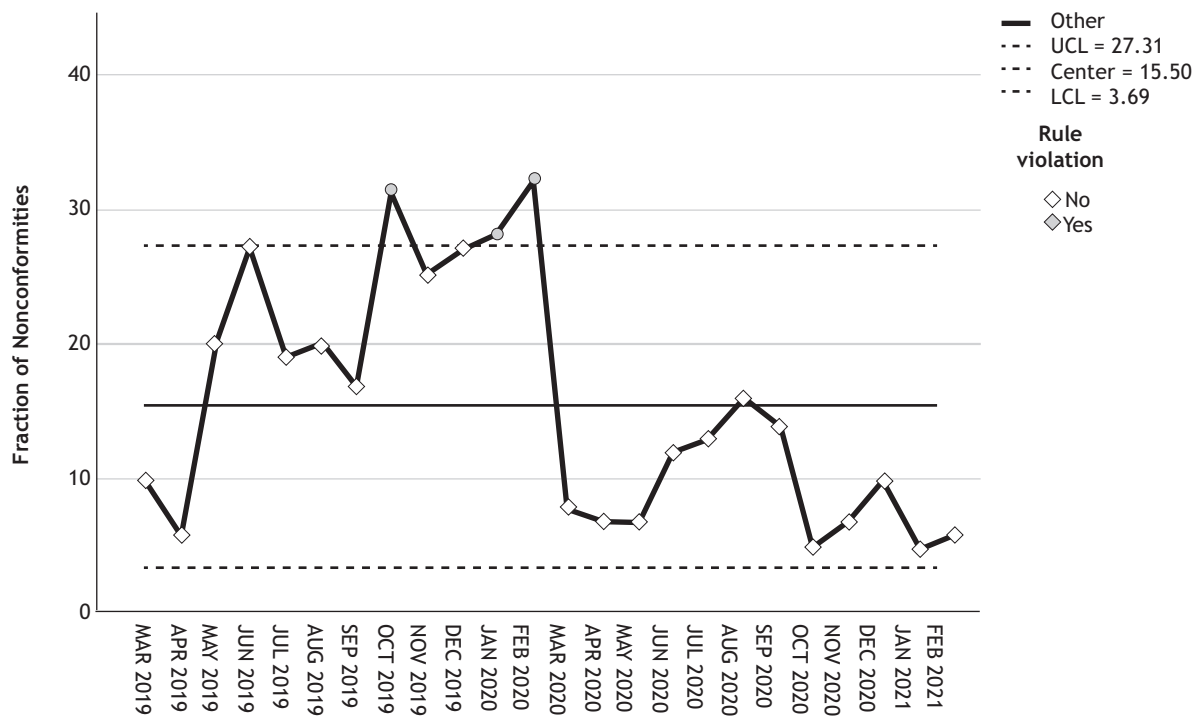


Figure 4. Control c-chart of patients' attendance prior to and after the onset of the COVID-19 pandemic across different diagnoses. (a) Schizophrenia and related disorders (F20-F29). (b) Mood disorders (F30-F39).



Sigma level: 3

(c)



Sigma level: 3

(d)

Figure 4. Control c-chart of patients' attendance prior to and after the onset of the COVID-19 pandemic across different diagnoses. (c) Personality disorders (F60-F69). (d) Other diagnoses.

tion in longer-duration admissions after the lockdown. Presumably, admissions after the onset of the pandemic had been overdue, and patients had probably more symptoms that would require more time to be effec-

tively treated. Or, this prolonged inpatient stay could rather correspond to the optimal duration of hospitalization that previously could not be implemented due to the increased demand for inpatient treatment. Perhaps

both explanations could be taken into account. Other research did not find any differences in the length of hospital stay prior to and after the onset of the pandemic in patients with schizophrenia and related disorders, whereas length of hospitalization in patients with affective disorders admitted during the post-lockdown 2020

period was significantly higher than those admitted in the lockdown or pre-lockdown periods.²³ It should be noted, however, that hospital stays in involuntary admissions in the study site had been longer in the pre-COVID era compared to other psychiatric wards in the mainland in Northwest Greece.²⁶

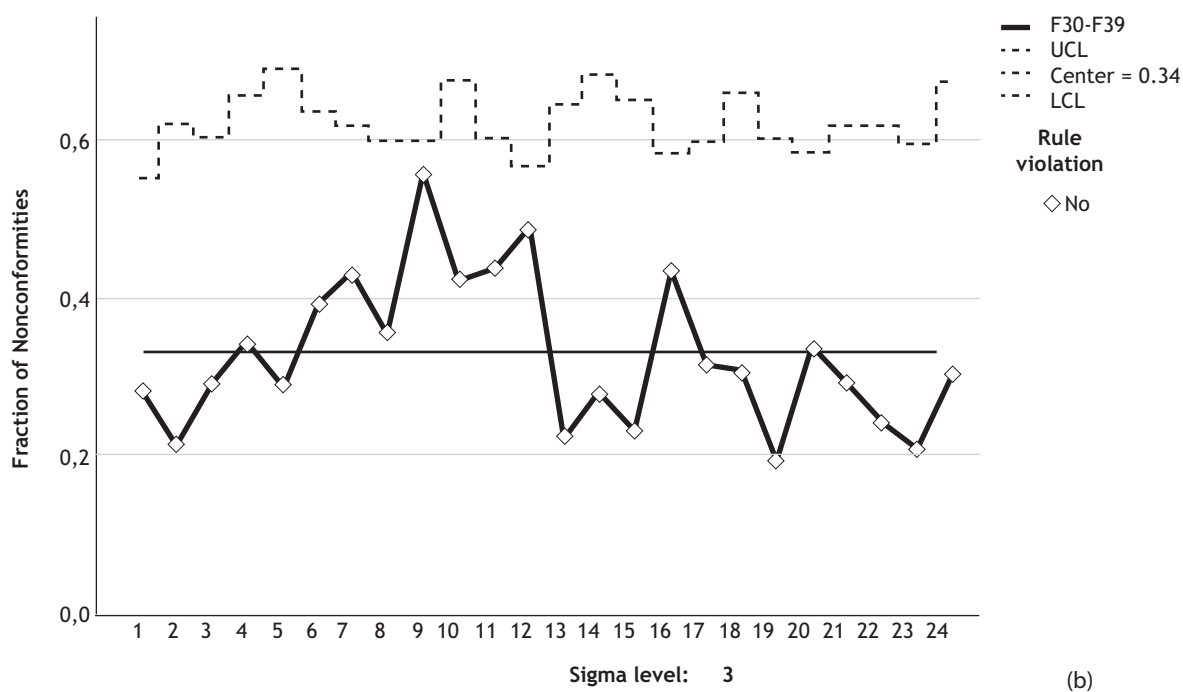
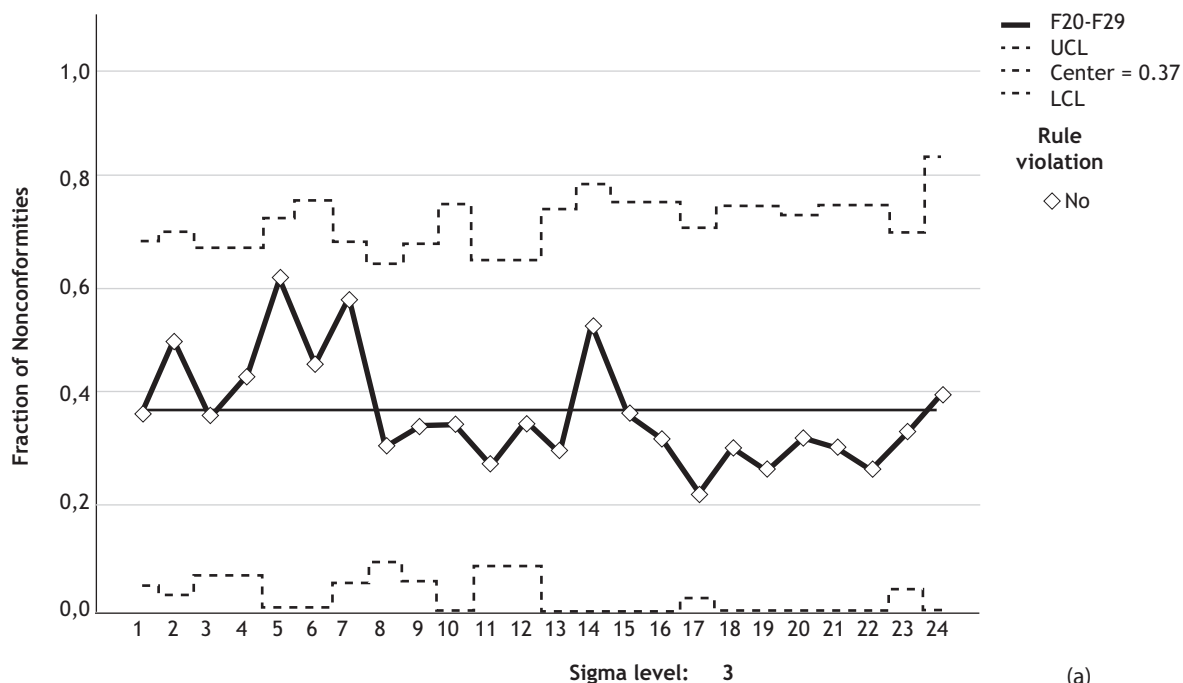


Figure 5. Control u-chart of patients' admissions before and after the onset of the COVID-19 pandemic across different diagnoses. (a) Schizophrenia and related disorders (F20-F29). (b) Mood disorders (F30-F39).

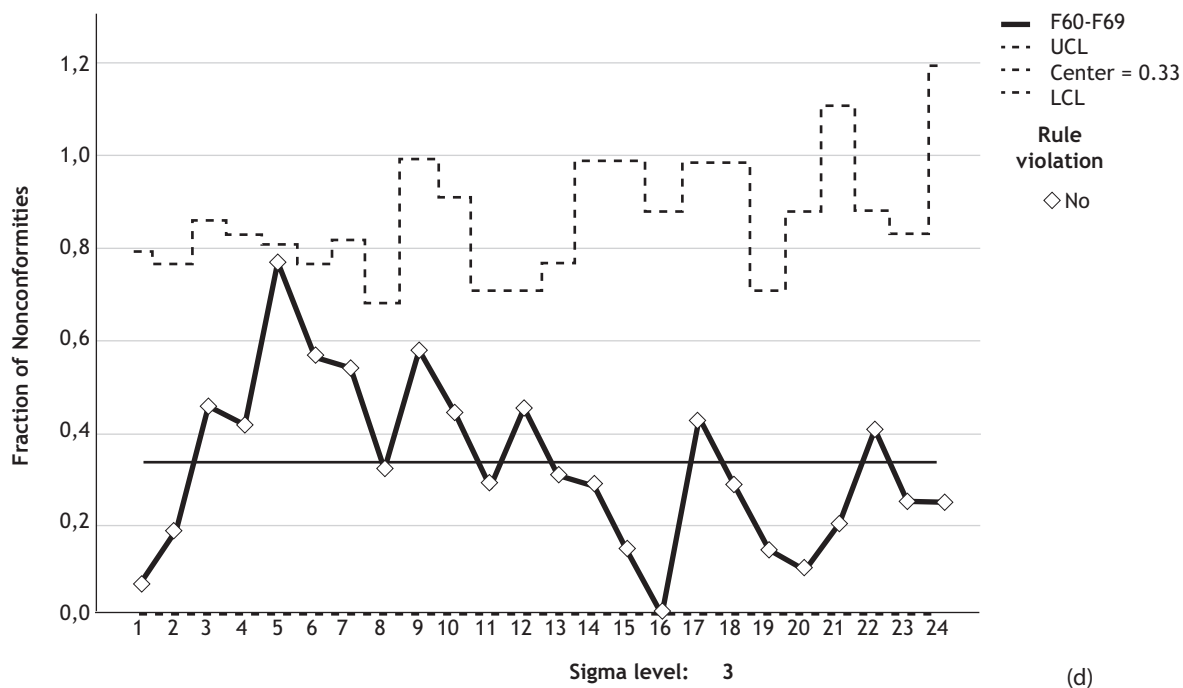
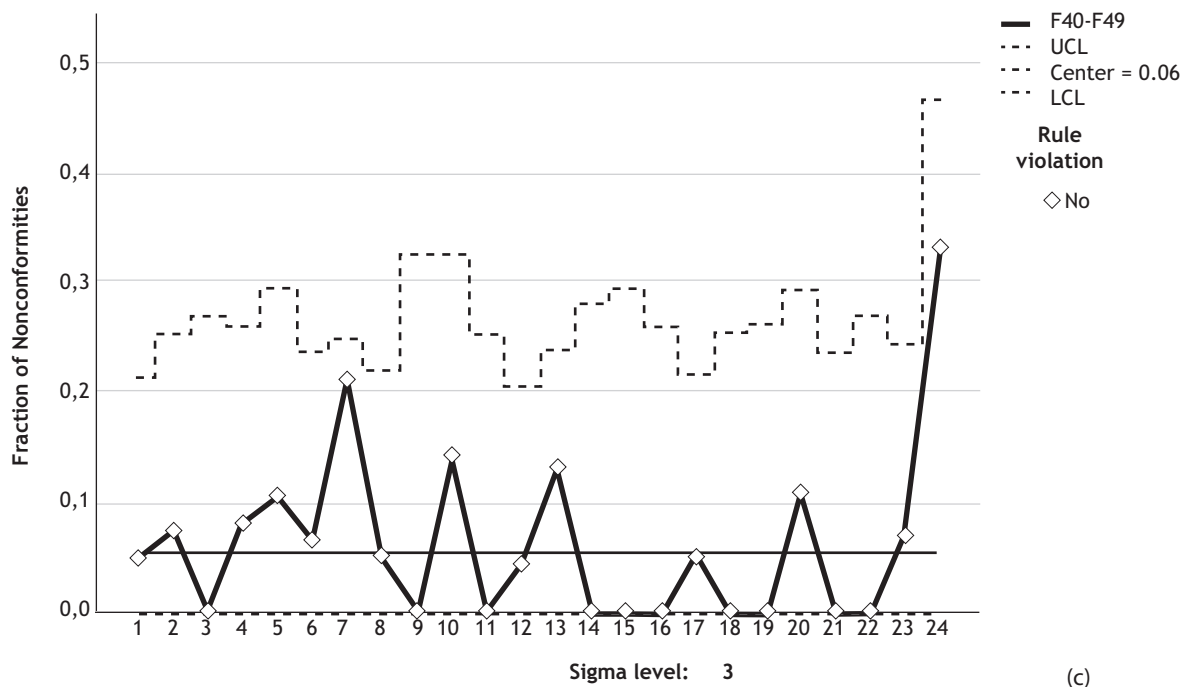


Figure 5. Control u-chart of patients’ admissions before and after the onset of the COVID-19 pandemic across different diagnoses. (c) Anxiety disorders (F40-F49). (d) Personality disorders (F60-F69).

In the present study, no changes in admission rates across different diagnoses were found. It has been argued that the impact of the COVID-19 pandemic on psychiatric admissions may have been more relevant in patients suffering a severe mental illness, such as chronic psychoses.²⁷ However, there are contradictory reports concerning the association of diagnosis with emergency attendance and admission rates during the COVID-19

pandemic. A study in Romania suggested that inpatient admissions in patients with a psychotic or affective disorder decreased significantly during lockdown compared with the pre-lockdown period and immediate post-lockdown period.²³ Contrary to that, other research showed that admissions due to psychosis increased by 22.9% during the pandemic compared with the pre-pandemic period.²⁸ A more recent study²⁹ noted a

Table 2. Length of hospital stay across admission types and diagnostic categories before and during the COVID-19 pandemic.

Attendance period	Admission type	F20-F29 Length of hospital stay (days)		F30-F39 Length of hospital stay (days)		F60-F69 Length of hospital stay (days)		Statistical test	p
		Median	IQR	Median	IQR	Median	IQR		
Pre-COVID-19	Involuntary	23.00	30.00	39.00	36.00	9.00	9.00	H(8)=42.065	<0.001
	Voluntary	14.00	11.00	27.00	23.00	4.00	11.50		
COVID-19	Involuntary	34.50	25.50	27.00	15.00	23.00	12.50		
	Voluntary	25.00	16.00	27.18	11.00	23.50	20.00		

Post-hoc pairwise comparisons of the length of hospitalization across different diagnoses

F30-F39 vs. F60-F69	0.009
F30-F39 vs. F40-F48	0.049
F20-F29 vs. F60-F69	<0.001
F20-F29 vs. F40-F48	0.017

F20-F29: Schizophrenia-spectrum disorders; F30-F39: Mood disorders; F40-F48: Anxiety disorders; F60-F69: Personality disorders

rise in acute psychiatric admissions for first and repeated episodes of psychosis during the COVID-19 period, despite an overall decrease in hospital admissions. Reasons cited for the overall reduction in psychiatric admissions include concerns about contagion and adjustments in admission criteria to limit infection spread and manage reduced staff capacity.⁷

Concerning emergency attendance according to diagnosis, the present study found that there was a significant decrease in attendance rates in patients with mood disorders and personality disorders, whereas no changes were revealed in patients with schizophrenia and related disorders. This finding is in line with previous research in Sweden¹⁶ and Portugal,³⁰ where the 52.2% decrease in psychiatric emergency visits was mostly accounted for by the large decrease in visits due to affective disorders. Other studies suggested that attendance rates in patients with psychotic disorders during the COVID-19 period did not differ compared with the pre-COVID-19 period.^{9,31} Still, other research²² did not reveal any differences in diagnoses among patients visiting hospitals before and during the pandemic.

The present study has some limitations that need consideration. Firstly, conducting the research solely with-

in a psychiatric department of a general hospital might limit the broader applicability of the findings. Moreover, the absence of an automated system for recording visits to the emergency psychiatric department led to potential inaccuracies in cases' documentation by the medical staff. This resulted in missing data, and consequently, patients with incomplete data were excluded from the study. A major strength of the study is that it involves a large insular catchment area, and due to geographical reasons, all potential cases were included.

Conclusions

The results of the present study are consistent with several previous international studies while differing from other research. Emergency attendance in the psychiatric ward in a general hospital in Greece declined after the onset of the COVID-19 pandemic; admission rates did not change, whereas the length of hospital stay increased. The diagnoses that mostly accounted for the reduction of emergency attendance were mood disorders and personality disorders. Further research on the effects of the pandemic on psychiatric attendance and admissions is needed for health systems to be prepared for future health and mental health crises.

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Ερευνητική εργασία

Η επίδραση της πανδημίας COVID-19 στις νοσηλείες σε ψυχιατρική κλινική γενικού νοσοκομείου στην Ελλάδα

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ΠΕΡΙΛΗΨΗ

Οι αρνητικές επιπτώσεις της πανδημίας COVID-19 και των συνακόλουθων περιοριστικών μέτρων στη ψυχική υγεία και ευζωία του πληθυσμού και των ασθενών με ψυχικές διαταραχές έχουν ευρέως μελετηθεί. Η προσέλευση των ασθενών στις υπηρεσίες ψυχικής υγείας και η τακτική παρακολούθηση επηρεάστηκαν αρνητικά από την πανδημία, ενώ οι ασθενείς ήταν λιγότερο πιθανό να λάβουν έγκαιρη εξωνοσοκομειακή φροντίδα. Η πανδημία επηρέασε επίσης την πρόσβαση και τη χρησιμοποίηση της ενδονοσοκομειακής περίθαλψης. Στην Ελλάδα δεν υπάρχουν αντίστοιχα δεδομένα, και γι' αυτό πραγματοποιήθηκε μια αναδρομική μελέτη παρατήρησης, με σχεδιασμό πριν/μετά στην ψυχιατρική κλινική του γενικού νοσοκομείου Κέρκυρας, στη βορειοδυτική Ελλάδα, που εξυπηρετεί μια περιοχή ευθύνης περίπου 100000 κατοίκων. Ο σκοπός της μελέτης ήταν να διερευνήσει την διακύμανση της προσέλευσης και των εισαγωγών για τις περιόδους των 12 μηνών πριν την έναρξη της πανδημίας και των 12 μηνών έπειτα από την επίσημη έναρξη στη χώρα μας (Μάρτιος 2020). Η ανάλυση των δεδομένων έγινε με τη χρησιμοποίηση των στατιστικών διαγραμμάτων C και U για την επεξεργασία μηνιαίων δεδομένων (Μάρτιος 2019 έως Φεβρουάριος 2021). Συνολικά παρατηρήθηκε σημαντική μείωση στην προσέλευση, οφειλόμενη κυρίως σε μείωση κατά 26,5% της εκούσιας προσέλευσης (1516 ασθενείς πριν την έναρξη της πανδημίας, έναντι 1114 μετά). Η ακούσια προσέλευση δεν διέφερε μεταξύ των δύο περιόδων (106 ασθενείς πριν την έναρξη της πανδημίας, έναντι 100 μετά). Τα ποσοστά εισαγωγής δεν μεταβλήθηκαν σημαντικά μεταξύ των δύο περιόδων. Οι συναισθηματικές διαταραχές και οι διαταραχές προσωπικότητας παρουσίασαν σημαντικές διακυμάνσεις στην προσέλευση για εξέταση, ενώ τα ποσοστά εισαγωγών σε όλες τις διαγνωστικές κατηγορίες παρέμειναν σταθερά. Η διάρκεια νοσηλείας αυξήθηκε σημαντικά κατά 13,2% τον πρώτο χρόνο από την έναρξη της πανδημίας, από 25,57 μέρες (Md= 13, IQR= 22) πριν από την έναρξη της πανδημίας σε 28,95 μέρες (Md= 22, IQR= 28) έπειτα από την έναρξη. Οι ασθενείς με σχιζοφρένεια και συναφείς ψυχώσεις (μέση διάρκεια νοσηλείας 34,25 μέρες, SD= 43,19) και διαταραχές της διάθεσης (μέση διάρκεια νοσηλείας 26,26 μέρες, SD= 33,48) είχαν παρατεταμένες νοσηλείες σε σχέση με άλλες διαγνωστικές κατηγορίες. Τα αποτελέσματα υπογραμμίζουν την ανάγκη προσαρμοσμένων παρεμβάσεων για την αντιμετώπιση των εξελισσόμενων απαιτήσεων στις υπηρεσίες ψυχικής υγείας κατά τη διάρκεια κρίσεων δημόσιας υγείας.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Εισαγωγές, πανδημία COVID-19, προσέλευση, ψυχιατρική κλινική γενικού νοσοκομείου, ακούσιες νοσηλείες, διάρκεια νοσηλείας.