

Letter to the Editor

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The role of mental health home hospitalization care during the COVID-19 pandemic

Correspondence

The 2019 novel coronavirus disease emerged in China in late 2019-early 2020, and it is spreading rapidly worldwide (1). Amongst the Spanish public health interventions aimed at reducing the transmission rate, home confinement has been enforced (2). The Royal Decree 463/2020 stated a 15-day national emergency states starting on March 15 that has since been extended (3).

Other public mental health initiatives have focused on encouraging a 'wellbeing state of mind' during the home isolation period to reduce negative psychosocial outcomes for both the general and the mentally ill populations. However, global attention has largely been focused on infected patients; therefore, marginalized populations in society may have been overlooked (4), such as people with severe mental illness (SMI). Current challenges observed in this population vary from an expected higher risk of death due to COVID-19 infections (caused by an increased prevalence of somatic comorbidities and more difficulties to access regular health services) (5), as well as acute relapses because of increased stress levels under confinement measures. Furthermore, issues related to treatment non-compliance could also be expected as fears to skip confinement and potentially transmit or get infected with SARS-CoV-2. This could be a result of missing scheduled appointments at pharmacies or mental health centres to receive long-acting injection treatments.

In Catalonia, a 7.5 million habitant region with a particular public healthcare system, specific recommendations to preserve and prioritize SMI care during these days include different actions in the communitary and hospitalization mental health services.

For community care centres and out-patient clinics, in-person visits have only been recommended for patients with a psychiatric emergency, risk of psychiatric relapse or new emergent cases of SMI. Incorporating phone call follow-ups and telepsychiatry consultations have been proposed to encourage confinement measures and decrease the risk of COVID-19 contact amongst these patients. Thus, protocols on electronic pharmacy modifications, contact with mental health residencies and other long-term psychiatric settings, and intensification of phone call follow-ups to those with suicidal thoughts have been, amongst others, proposed measures to avoid transfers of patients to emergency rooms or admissions to psychiatric wards during the COVID-19 crisis.

As per in-patients, early discharges of the psychiatry emergency rooms and acute wards have also been moved forward in order to avoid hospital contact with COVID-19 cases. Thus, the suspension of family visits whilst allowing phone- and video-call to relatives have been widely implemented. Moreover, during the COVID-19 crisis, Psychiatry wards are also at

risk of being turned into medical wards to face the shortage of hospital beds due to severe COVID-19 infections. Although several admitted acutely-ill SMI patients are not thought to be at immediate 'life-threatening risk' due to their psychiatric illness, this early hospitalization discharge might represent a higher risk of early psychiatric relapse.

In this context, mental health home hospitalization care for SMI out-patients at risk of relapse or acute admission rise as a helpful tool to prevent not only both outcomes, but also potential COVID-19 infection and/or transmission whilst also preserving the patient's confinement and acute psychopathological relapses. Home hospitalization teams in other medical specialties have already been described as feasible and cost-effective alternative to in-patient care for a selected group of patients requiring conventional hospital admission (6, 7). Mental health home hospitalization care teams have demonstrated their usefulness in reducing hospital psychiatric admissions for adult patients with moderate and severe mental illnesses (8–10), as well as in decreasing the risk for conventional psychiatric hospitalization of adolescents experiencing a psychiatric crisis (11).

This novel home-based approach has two main modalities: home intensive community teams for mild-to-moderately ill patients and home hospitalization teams for moderate-to-severely mental illness cases. Both seem promising and of clinical relevance during the COVID-19 pandemic. We believe it is important to point out the value of these teams, considering this epidemiological crisis might last beyond a few weeks.



Altogether, the forthcoming weeks of the COVID-19 crisis might put SMI patients at risk for both COVID-19 infections and psychiatric relapses in a historical moment where people are called to home confinement and avoidance of non-urgent use of health sources. As mental health professionals, we believe this will be a critical time for SMI populations that might benefit of increasing and strengthening current mental health home hospitalization care teams. These should serve to offer an adequate and necessary holistic care for these patients during the COVID-19 pandemic, not just for the short-term, but beyond as well.

Conflict of Interest

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