

# Pandemic saps psychiatric services, leads to spike in involuntary commitments

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For months Hanan had tried to get admitted to a psychiatric ward. Time and again the hospital said not now, citing various reasons, none of which were that he was in the pink of mental health.

Hanan (a pseudonym), 53, suffers from schizoaffective disorder and is familiar to the mental health authorities, whose own troubles are becoming glaringly clear at this time of the coronavirus.

The wards were crowded to begin with and social distancing is impossible to maintain. They could easily become incubators for infection, so the number of places available is limited. But that means some people who need help aren't getting it, which could lead to deterioration in their condition, possibly culminating in forced commitment.

Even if a patient is to admit himself, there are limitations, says Hanan's sister Anat (a pseudonym). He did get admitted twice and both times was released earlier than normal, she says. "The first time they wanted to release him after one day even though his condition was catastrophic, after multiple incidents of disruptiveness and wild behavior," she says. Though ultimately he stayed in the ward for 14 days and was sent back to his elderly mother's home with strong drugs, Anat says, he was unsettled and unable to maintain even basic hygiene. She had to move in with them during the lockdown to look after him.

Since the pandemic began, the number of voluntary admissions has declined and

forced commitments, at the order of the Health Ministry district psychiatrist, have increased, according to the ministry's data. This trend started in March with the first lockdown and picked up in April, during which month there were 505 psychiatric commitments, up 20% from April 2019. There were only 762 voluntary psychiatric admissions, down from 1,319 in April 2019.

The development of the two trends is logical. Hanan tried to have himself admitted of his own free will, couldn't, his situation deteriorated, and he would up committed by force.

Justice Ministry figures show an increase in the number of hearings on commitment from March 25 to August 31. Ministry attorney Daniel Raz associates the climb with the lockdowns: as they go on, the ministry sees climbing numbers of involuntary commitment cases. From around 15 cases a week, now there are 50.

"We're seeing more and more cases first-time psychiatric admissions," he says. "Some are factory owners or small business owners reduced to bankruptcy, and their mental health is so badly affected that they need commitment. We also see a lot of older people who are so isolated that their mental health deteriorates until they have to be hospitalized."

The wards are packed even in normal times, adds Dr. Tal Bergman, the Health Ministry's Director of Mental Health Services. "As soon as the coronavirus crisis began we realized that psychiatric patients were at high risk of infection. We



A Be'er Sheva mental health center. Involuntary commitment cases have risen from around 15 cases a week to 50. Elyahu Hershkovitz

took steps to reduce the risk, to reduce crowding and contact."

Masks and distancing can't be implemented in psychiatric wards, and hygiene is a problem, stresses Dr. Zvi Fishel, chairman of the Israel Psychiatric Association. How bad is the crowding? Even before the pandemic hit the wards at Geha Hospital for instance had as many as four patients to a room meant for two, and six in a room meant for three, he says. And that's why it's so difficult to take in new patients, and why others are released as soon as possible. If under normal conditions, release

would be the culmination of a gradual, careful process, now it's just not possible, Bergman says.

The lockdowns are especially hard on psychiatric patients, because of the restrictions on movement as well as the added friction with family members living in the same home, Fishel adds.

Moreover, a lot of people who might need help are avoiding hospitals for fear of the coronavirus: but the more one waits the worse the situation may become, increasing the chances of involuntary commitment, Bergman points out. He adds that the system is work-

ing on solutions for mental patients who tested positive for COVID.

"It's much harder now," says Rivi Tzuk, chairwoman of Otzma: The National Forum of Families of the Mentally Ill, "when you have patients who are like a revolving door: They're released too soon when they are less balanced which means their next crisis will happen sooner. There are also 150,000 people with serious chronic mental illness that are unable to get appointments because of the overload. The mental health system came into this in a terrible state of neglect and now lots of new patients

won't get the treatment they need."

And the need is only growing. The ERAN emotional first-aid hotline has received more than 232,000 calls since March, compared to 200,000 in all of 2019. "Lockdown keeps people away from those from whom they normally draw support and comfort, away from the things that gave them a sense of security," explains Dr. Shiri Daniels of ERAN. "People came into the second lockdown with fewer internal and external resources. People are having more difficulty coping and there is greater hopelessness."