

Mental Health of Front-line Healthcare Professionals involved in the care of COVID -19 patients

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The COVID-19 pandemic has engulfed the globe and has caused far reaching physical and mental health implications worldwide. The effects of COVID-19 have been fairly similar for developed and developing nations and there are mental health ramifications that every country affected by it will need to face. Studies from China has already reported some aspects of the initial mental health issues that have emerged during the pandemic.

The healthcare personnel looking after COVID patients and working in hospitals and isolation wards also need to have their mental health managed. The stress of the work they are doing shall get to them and it will be difficult for them to deal with situations once cases escalate. Regular mental health care for these doctors, nurses and ancillary staff is very important for us to have a stable healthcare infrastructure to combat COVID. There is also a need for training these staff in communication skills and building their resilience for the tough times that they shall face ahead. The mental health of them as well as their family members shall have to be looked into. This shall be combined with the need for group interventions and counseling sessions for them on a regular basis.¹ For hospital workers, especially those in high-risk areas, to manage a pandemic in a favorable work environment with minimal stress, it is essential for hospitals and governments to run public campaigns to protect their workers. In addition, frequent providing of information about the pandemic and liaison psychiatric services could help to reduce the stress and psychological impact of a pandemic.²

These workers may be at a heightened risk of psychological distress and other mental health problems, due to the ever increasing number of COVID-19 cases, the overwhelming workload, an information overload, and insufficient personal protective equipment and drugs. In addition, several socio-demographic (e.g., gender, age, profession) and psychological variables (e.g., social support, self-efficacy) have been associated with increased levels of stress, anxiety, depressive symptoms, and insomnia in healthcare workers. Respectively, healthcare personnel who have been confident about infection control have had the lowest level of stress. To deal with the stressors, people may resort to different negative ways of coping. Research on past epidemics has

highlighted the negative impact of outbreaks of infectious diseases on people's mental health. Most healthcare workers have been 2 to 3 times more likely to have posttraumatic stress symptoms when quarantined, located in high-risk area, or had friends and relatives that had contacted the disease.³

During the COVID-19 pandemic, anxiety in health care workers have been reported in the range of 15-45%. According to current knowledge, anxiety has been arisen from exposure to COVID-19, risk of infecting family members, concerns regarding family care and responsibilities, and lack of updated information and treatments. There has also been anxiety related to shortage of nursing and ICU staff, laboratory turnaround time for COVID-19 testing, and keeping up with information on management strategies. The level of anxiety has been associated with age, gender, insufficient medical supplies, while nurses and ward attendants have felt more severe anxiety compared to other professionals.⁴

Stress is considered as the primary source of insomnia and studies have shown that in general 30-50% healthcare personnel suffer from insomnia. The symptoms of insomnia have been associated with an education level, occupation, and an isolation environment. In addition, insomnia has been associated with worry about being infected by COVID-19. Shift work and increased workload have also impaired in the ability to sleep, resulting in insomnia, severe sleep debt, and daytime sleepiness.⁵

Even though burnout and depression are quite commonplace among doctors, the healthcare industry has done very little to provide them with institutional support. Doctors and nurses often do not have the luxury of holding themselves up in their homes to protect themselves from the outbreak. They have to get up every day and go to work knowing very well that they must expose themselves to risk. A lot of them have voluntarily separated themselves from their families to keep them safe and this adds to their mental health woes. Ensuring the safety and protection of medical professionals should be an integral part of the public health measures for addressing the outbreak. We need specialized interventions to promote the mental wellbeing of doctors and nurses who are exposed to COVID-positive

patients, with a focus on frontline workers and nurses.⁶

It is not easy for healthcare professionals to admit to mental distress either. Even though burnout and depression are quite commonplace among doctors, the healthcare industry has done very little to provide them with institutional support so that they can seek out mental health treatment. If a doctor admits that they are undergoing treatment for a mental health condition, patients do not trust them to treat their condition. Our prevalent attitudes towards mental illness exacerbate the psychological distress faced by medical professionals. However, the right kind of mental health support can help foster resilience, giving healthcare workers the ability and confidence to manage stressors in the future. It is essential to understand that expanding mental health services is an ongoing process.⁷

All countries across the world, people under lockdown gathered at their balconies to applaud and cheer for healthcare workers who are putting their lives in line to save others. Social media posts are rife with people expressing their gratitude to healthcare workers. While these gestures can boost the morale to a certain extent, it is crucial to understand that hero-worship alone is not going to protect them from the mental anguish they face daily. Like soldiers returning from the war, it is going to take time for them to process everything they are going through and heal. Once the medical crisis comes to an end, we need to brace ourselves for a mental health crisis – they would need debriefing and help to recover from the trauma of COVID-19.⁸

To get through these difficult times will require early and persistent psychological support from colleagues and the organization,

addressing the above factors and with extra attention to the vulnerable, high-risk groups. Individual and organizational resilience are the key. Additionally, important is the need to provide adequate after care, including into the long term management of the mental health of our colleagues.

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