



Covid-19: Mental Health Impact and Response for Health Workers

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Opinion

Volume 5 Issue 2

Received Date: May 13, 2020

Published Date: June 03, 2020

DOI: 10.23880/pprij-16000239

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Work related stress experienced by health workers is not a novel phenomenon and has been shown to negatively affect their wellbeing while compromising the quality of patient care. High levels of stress in the work place have been known to impact job satisfaction levels resulting in lower levels of productivity and higher absenteeism [1].

Since the outbreak of the novel Corona Virus Disease 2019 (COVID-19), health workers have been under immense stress from providing patient care, increased workloads, lack of protective equipment and risk of infection. A recent study in Wuhan has reported serious mental health challenges among health workers responsible for treating patients with severe cases of COVID-19 [2,3].

Despite the paucity in research focusing on the mental health impact of COVID-19, previous literature confirms that stress was associated with higher rates of depression, anxiety and PTSD among health workers during the peak of the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak [4]. Mental health effects experienced by health workers during infectious disease outbreaks is reported to have lasting effects one to two years after the outbreak [5]. The impact of COVID-19 on countries with inadequate health infrastructure, limited number of health workers and immunocompromised populations will be much more severe [6]. Stress affecting the mental health of health workers must therefore be well understood, in order to optimise a mental health response for health workers during and after the COVID-19 outbreak.

Mental health interventions such as peer support, setting up drop-in support centres, distributing pamphlets with information on identifying signs of stress and support

resources to the different departments in the health facility, and providing a confidential telephone support line have been shown to be effective during the SARS outbreak in China [7]. However, current guidelines for preserving the mental health of health workers during the COVID-19 outbreak does not adequately consider such empirical evidence with advice focusing on getting enough rest, eating sufficiently healthy food during this pandemic, as well as staying active and remaining connected to family and friends [8]. While these have been shown to generally reduce stress, their effectiveness is yet to be determined during an outbreak, especially in developing countries faced with additionally unique challenges. The practical implementation of the various coping interventions involves inadequate planning and organization as well as poor deployment of these initiatives across departments and regions, resulting in the misuse of mental health resources [9]. This can be avoided by contextualizing responses that focus on both individual and organizational needs, with evidence confirming the effectiveness of engaging health workers in evaluating their own needs and choosing an appropriate intervention for stress management [1,3,10]. The importance of this is further emphasised in a recent study showing that health care workers are unwilling to accept mental health assistance when there are more pressing concerns such as lack of protective equipment [3].

In order to effectively mitigate the impact of COVID-19 on the mental health of health workers, it is imperative that mental health interventions be based on a clear understanding of how care is organized, how shifts are structured, the availability of key medical resources including protective equipment, training of staff on coping skills and stress management techniques as well as organizational

support including regular psychological debriefing for staff after completion of their shift and especially after losing a patient [3,11]. This must be an evidence-based approach used to inform the outbreak response planning process in a given setting. The COVID-19 pandemic has highlighted unprecedented levels of the various challenges experienced by health workers involved in the response. This outbreak has also brought to light how health systems especially in developing countries such as South Africa are woefully unprepared for a pandemic given limited support and consideration for the mental health of health workers.

Lessons from past respiratory outbreaks emphasise the need for different interventions to alleviate the mental health impact on health workers [4,5]. However, there is a lack of information available to guide responses aimed at supporting health workers during the COVID-19 outbreak in a country like South Africa. It is suggested that research explore and assess the feasibility of the current measures put in place to deliver mental health support to health workers. For instance, the Psychological Society of South Africa has embraced the practice of telepsychology during the outbreak, focusing on crisis support and stress reduction [12]. However, the participation of health care workers and the effectiveness of this intervention is unknown. Many additional questions remain concerning their impact in South Africa, the perspectives of health workers regarding these support mechanisms, what they feel is critical to cope against the adverse events associated with their job during an outbreak like COVID-19, and the different support systems available to them.

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