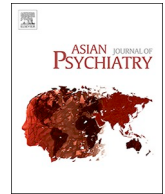




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## Letter to the Editor

## Perceived stress and anxiety during COVID-19 among psychiatry trainees



## ARTICLE INFO

## Keywords:

COVID-19  
Coronavirus  
Stress  
Anxiety  
Mental health  
Pandemic

## Dear Editor,

COVID-19 has induced fear and panic among everyone especially in older adults, health care providers and people with underlying health conditions. Medical professionals are more susceptible to be infected. This widespread outbreak is also associated with adverse mental health issues like anxiety, depressive symptoms, obsessive-compulsive disorder and post-traumatic stress disorder (Shuja et al., 2020).

The current survey aimed to evaluate subjective mental health status, stress and anxiety related to COVID-19. An online survey was conducted among the consenting junior and senior psychiatry resident doctors in a tertiary care post graduate mental health Institute in South India. The survey focussed on worries related to COVID-19 infection, psychosocial impact of lockdown and their mental health status in the preceding 2–3 weeks, what coping strategies residents had developed to deal with the situation and how much support was perceived to be received by the residents. The questionnaire was sent through the on-line portal to all 137 residents, followed by two reminders. The anonymity of responses was maintained.

Out of 137, 106 (77 %) residents completed the questionnaire on stress and anxiety during COVID-19 pandemic. Table 1 highlights some of the common worries related to COVID-19 pandemic.

Healthcare workers are at significant risk of adverse mental health outcomes due to long working hours, risk of infection, shortages of protective equipment, loneliness, physical fatigue, and separation from families (Pfefferbaum and North, 2020). Medical workers face discrimination, stigma and isolation as reported in Chinese and Pakistan medical workers (Zhai and Du, 2020). In our survey, 31 (29 %) residents were afraid to go home after work and 14 (13 %) reported fear of stigma or discrimination in their neighbourhood.

Also, the impact of lockdown was reported to some extent by 57 (54 %) and to great extent by 37 (35 %), with some common themes of anxiety, apprehension, loneliness, sadness, uncertainty, sadness leading to frustration and irritability. Majority of the residents 69 (65 %) perceived their mental health either same or even better than before in the last 2–3 weeks; another one-third reported it to be worse than before. Mental health is a crucial aspect during lockdown which may have

varied presentation such as anxiety, depression, loneliness, panic, financial constraints, apprehension about future which was noticed among a majority of residents in our survey also (Hiremath et al., 2020).

The steps taken by the institute in handling the mental health issues were found to be helpful by 59 % of the residents. Also, various coping strategies were employed by the residents to address their concerns were following a daily routine, indulging in indoor hobbies, yoga, meditation, physical exercises, increased virtual interaction with friends and family, talking to peers, seniors, as well as supervisors and few, practised mindfulness. Some of them used distraction techniques like watching TV series, reading novels, cooking, painting, music etc.

A recent study on medical and nursing staff showed, 34 % and 22 % had mild mental and moderate mental health disturbances respectively during the immediate period of the epidemic. Among them 36 % had accessed psychological resources materials like books, 50 % had accessed online psychological resources as coping strategies and 17 % underwent counselling (Kang et al., 2020).

The current pandemic has posed a huge challenge on the health care staff who were unprepared. Moral injury has been described in medical students, who have difficulty coping with working in prehospital and emergency care when they were exposed to trauma for which they were unprepared (Greenberg et al., 2020; Murray et al., 2018). This might be similar to the current situation which we are facing. Considering the unprecedented nature of the problem health care workers need adequate support to work efficiently. The routine services provided to persons with mental health problems have been withdrawn during the lockdown, giving rise to potential aggravation of their mental health status. This is yet another challenge for trainees (Chaturvedi, 2020). Hence, early support includes preparing the staff for the job and associated challenges and by providing straight forward assessment of what they might face. Also, as the situation progresses team leaders should help staff to discuss decisions and well-being using the Schwarz rounds model. This is a forum for healthcare staff to safely discuss the emotional and social challenges of caring for patients led by the team leaders. During the aftercare i.e., once the crisis is over, supervisors should ensure to reflect upon and learn from the difficult experiences to create

**Table 1**  
Worry related to COVID19 pandemic.

Worry related to COVID-19 pandemic (n-106)	Never N (%)	Some of the time N (%)	Most of the time/ Always N (%)
Symptoms of COVID-19	29 (27 %)	70 (66 %)	7 (6%)
Protection from COVID-19	9 (8%)	60 (57 %)	37 (35 %)
Fear of getting infected	21(20 %)	67 (63 %)	18 (17 %)
Worried about working in hospital	28 (26 %)	50 (47 %)	28 (26 %)
Getting tested for COVID-19	47 (44 %)	52 (49 %)	7 (6%)
Health of elders in the family	7 (6%)	37 (35 %)	62 (58 %)

a meaningful rather than distressing experiences (Flanagan et al., 2020; Greenberg et al., 2020).

There is definitely a need for the reduction of stress and psychological distress among health professionals. The important measures are normalization of strong emotions and stress, the fulfilment of basic needs, social support, clear communication and distribution of tasks, flexible working hours and the utilization of psychosocial and psychological help without stigmatization (Petzold et al., 2020). Screening for mental health problems, psychoeducation, and psychosocial support will help in the prevention of serious mental health issues among the psychiatry trainees.

#### Financial disclosure

Nil.

#### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### Acknowledgement

None.

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