Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

A specific mental health intervention for healthcare workers in Turkey

The novel coronavirus disease (COVID-19) has become an unprecedented crisis affecting millions of people since it was detected in the city of Wuhan, China, in December 2019. As the number of cases has increased, healthcare service providers have been overloaded in some countries. As frontline responders, healthcare workers deserve special consideration of their psychological vulnerability. However, the psychological burden of pandemics on healthcare workers unfortunately has not been fully recognized or understood. Previous research from other outbreaks shows that healthcare workers present high psychological distress related to work overload, risk of contagion, treating infected colleagues, perception of stigmatization, social isolation, workplace stress and concerns about family members (Maunder et al., 2006). Indeed, one in six healthcare workers showed signs of severe psychological distress (Lu et al., 2006).

Research studies reported that high rates of adverse psychological signs such as depression, anxiety, insomnia and distress and severe mental disturbances have been detected among the healthcare workers responding to the COVID-19 outbreak (Lai et al., 2020; Kang et al., 2020b). As mentioned above, the risk of disease contagion is likely to increase the psychological stress of healthcare professionals. In China, 3300 healthcare workers have been infected and at least 22 have died by the beginning of March (The Lancet, 2020). The Turkish Medical Association declared that 3474 healthcare workers were infected and 24 died between 1 April and 22 April 2020 (Turkish Medical Association, 2020).

Consistent with these findings, many previously identified psychological risk factors have been increasing in healthcare workers that are likely to result in high burnout rates in the aftermath of this outbreak. However, early interventions, help lines and support groups have been shown to increase resilience and decrease burnout and absenteeism rates of healthcare professionals(Gavin et al., 2020). Therefore, an action plan including information, counseling and psychotherapy interventions has been prepared and applied to reduce psychological disturbances and maintain the mental well-being of healthcare workers in China (Kang et al., 2020a). Similarly, a telepsychiatry hotline has been established for medical and non-medical hospital staff in France (Corruble, 2020).

After the Ministry of Health announced the first case in Turkey on 11 March 2020, alterations occurred in regular healthcare facilities' routines. For example, many hospitals and units were rearranged to serve as pandemic units and many physicians from various specializations including psychiatrists started to work in this pandemic units. Thus, the healthcare workers experienced difficulties accessing regular psychiatric care during the outbreak. In this phase, the most pressing emerging need was supplying crisis counseling and psychological first aid to healthcare workers who had been working in demanding circumstances and experiencing higher stress, encountering ethical dilemmas, multiple deaths and the risk of infection. In line with the projected psychiatric consequences of outbreak and mentioned responsibility of psychiatrists (Tandon, 2020), the Trauma and Disaster Psychiatry Section of the Psychiatric Association of Turkey decided to establish a free hotline to support medical and non-medical healthcare workers experiencing psychological distress during the COVID-19 pandemic.

A private call-centre company volunteered to set up a digital operator. A private branch exchange system was established using a mobile phone application (3CX) for volunteer psychiatrist responders. A shift system was organized to pick up the calls around the clock, and a back-up attendant was available to intercede in any kind of problem and maintain uninterrupted service. A supervision system was organized to support and guide the attendants on a daily basis. Experienced psychiatrists and academicians in trauma and disaster psychiatry were responsible for the supervision sessions. These sessions were carried out as group-based through online meeting facilities and lasted an hour. Attendants presented their interviews and received guidance for crisis counselling. The hotline organisation also offered suicide prevention and response, social media promotions, shift organization and monitoring units to ensure qualified and excellent service. The hotline project was activated on 6 April 2020 with over 200 consultant psychiatrists participating. Within the first two weeks of the operation, the hotline received over 300 calls from healthcare workers in various positions and locations who stated that there had been a huge service gap and an urgent demand for such a counselling system. Although this sort of telepsychiatry counselling method is unfamiliar for consultant psychiatrists, our colleagues seem to be satisfied with being in solidarity with other healthcare workers and helping them to cope with the COVID-19 outbreak.

Authors' contributions

All authors designed the conception of manuscript. NC was responsible for drafting and writing of the manuscript. BRE contributed in writing. IK and MS contributed also in revising. All authors approved the final version before submitting.

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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.

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