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LETTER TO THE EDITOR

Heading towards a Mental Health Pandemic[☆]



Hacia una pandemia de Salud Mental

The current COVID-19 pandemic has greatly increased care pressure and workloads in intensive care units (ICUs). Even under normal conditions, these units require more nurse staffing due to the complexity of patient treatment and care. This situation has been exacerbated during the COVID-19 pandemic by the increase in the number of critically ill patients. The need for patients to be isolated and the consequent safety measures such as the fitting of personal protective equipment add to the complex care requirements of the critically ill patient. All of this has the potential to add to nurses' anxiety and stress.¹

The Ministry of Health and Social Policy set the recommendations for ICU nurse staffing according to the complexity level of the patients. However, a ratio of 2 critical patients to 1 nurse is the usual standard in Spanish ICUs.² This ratio varies nationally³ and is lower than the required level in the rest of Europe.

This nurse–patient ratio has been associated with the occurrence of adverse events.⁴ Even in normal circumstances, we as nurses require care and time to deliver needs-based care centred on the patient and their family, in addition to managing the high technology environment in these units, all of which has been compounded by the present situation. However, since the onset of the COVID-19 pandemic, this nurse–patient ratio has been undermined by the shortage of nurses. Added to the unforeseen increase in patient numbers have been the physical as well as psychological exhaustion due to the intensity of care provision, the suffering of patients and their families, endless working hours, ethical dilemmas in patient care decision-making, contacts and infections affecting health professionals, as well as the impossibility of resuming, along with the rest of society, a “normal” life outside the workplace. All this has further intensified the shortage of nurses in ICUs. An article published at the start of the pandemic that made us reflect on what we have learned about COVID-19 recommended a

policy of generous, comfortable staffing levels and available back-up staff, considering the degree of professional burnout.⁵ Yet, several months on, we continue to witness a shortage of nurses in ICUs.

The impact of the COVID-19 pandemic on nurses' mental health is not yet clear. The World Health Organisation has expressed concern about the impact of the pandemic on mental health, and the particular vulnerability of frontline health professionals.⁶ Delivering care to COVID-19 patients has exacerbated the stress and exhaustion of nurses, as uncertainties are constant, challenges are endless, and outcomes are unsatisfactory. We could, therefore, be at risk of a mental health epidemic among health professionals in the wake of the pandemic.⁷

The emotional wellbeing of ICU nurses has been little studied to date. Conceptualising their emotional wellbeing, understanding their experiences during the pandemic, and implementing support interventions in the workplace to improve it remain important opportunities for research and action.

Furthermore, this pandemic has exposed pre-existing shortcomings in health systems, in particular their limited capacity to respond to population demand. We continue to hope that the crisis caused by the COVID-19 pandemic will serve as a wake-up call for the authorities to place greater emphasis on allocating financial resources to health services and support programmes for nurses. Increasing the nurse–patient ratio in ICUs, especially in emergency situations, would help ensure the quality of care of our patients, prevent physical and mental burnout and a potential subsequent mental health pandemic of unknown consequences.

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Conflict of interests

The authors have no conflict of interests to declare.

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