Addressing a "Monu-Mental" Problem

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The end of each year is usually a welcome and happy time for almost all of us. It allows us to rest as we stop our clinics. Many patients anyway want a break and would probably rather postpone going to the hospital for consultations. In-patients who feel well enough also insist on going home and just swear they will follow-up (or be re-admitted) after the holidays. Even classes are out so that those in the academe can have a break and be together with their children and grandchildren who are on vacation from school. We also delight in the mood of merry-making, Christmas parties, celebrations, gift-giving, and class reunions that normally abound during this season.

However, this year is very different. With the COVID-19 pandemic and the lockdown, one might say that having lesser clinics and in-patients (the latter probably less true for some of the subspecialties) and having our children at home have been there long before this holiday season. But the mood can hardly be described as merry. Perhaps gloomy can be a better description. The chance to be physically with friends and family can now be even a source of risk that we would rather avoid. The burden is not any easier with the situation that has dragged on for almost a year with much of the information about the SARS-COV2 virus still to be fully established. Being a physician frontliner also puts us at high-risk. We have seen many of our colleagues and friends get sick and, in many instances, die from COVID-19.

But even as the majority of us remain uninfected with SARS-COV2, most – if not all – of us may be affected by varying degrees of mental health problems, knowingly or not. The DOH reports the increased number of calls from April to July compared to previous periods to the National Center for Mental Health's hotline.[1-3] Feelings of depressive symptoms, loneliness, pessimism, deteriorations in cognition, and disruption in sleeping patterns, especially among older people have been described in our country.[4] Other relevant socio-cultural peculiarities that have been affected by the pandemic lockdown are the unmet spiritual needs due to inability to attend church activities, poor social and physical well-being due to isolation and confinement to homes, and fear of dying alone.[5]

A local study involving 1879 respondents to an online survey using the Depression, Anxiety and Stress Scales (DASS-21) and the Impact of Events Scale-Revised (IES-R) ratings reported that 16.3% rated the psychological impact of the outbreak as moderate-to-severe; 16.9% reported moderate-to-severe depressive symptoms; 28.8% had moderate-to-severe anxiety levels, and 13.4% had moderate-to-severe stress levels.[6] Female gender, young age, single status, students, specific symptoms, recently imposed quarantine, prolonged home-stay, and reports of poor health status, unnecessary worry, concerns for family members, and discrimination were significantly associated with greater psychological impact of the pandemic and higher levels of stress, anxiety, and depression ($p<0.05$).

Being in the frontlines taking care of COVID-19 patients certainly increases the risk of healthcare workers getting infected with the SARS-COV2 virus. It is not surprising therefore that even the mental health issues are increased. The prevalence of symptoms of anxiety, depression, and peritraumatic dissociation was 50.4%, 30.4%, and 32%, respectively, with the highest rates in nurses.[7] Multivariate analysis showed that male sex was independently associated with a lower prevalence of symptoms of anxiety, depression, and peritraumatic dissociation similar to the study among the non-HCP population cited earlier. HCPs working in non–university-affiliated hospitals and nursing assistants were at high risk of symptoms of anxiety and peritraumatic dissociation. The same study also identified six modifiable determinants of symptoms of mental health disorders: fear of being infected, inability to rest, inability to care for family, struggling with difficult emotions, regret about the restrictions in visitation policies, and witnessing hasty end-of-life decisions.

Another local study involving nurses showed that they display moderate to high fear of COVID-19 and that the female gender is correlated to fear of the virus. Moreover, the nurses' fear influences their psychological distress and organizational and professional turnover intentions.[8] While the lack of healthcare staff has long been a problem in the Philippines, the COVID-19 pandemic has further increased, with many hospitals reporting decreased ability to deliver the proper level of care to patients.[9-12]

While we take care of patients with or without COVID-19 and deal with their mental health issues, we may be

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neglecting our own – not to mention those of our colleagues, our resident and subspecialty fellow trainees, and other members of the healthcare team, such as the nurses mentioned above. Concerns about the proper PPEs – or lack thereof in some instances – relative lack of information on many aspects of COVID-19 management and the way it impacts many chronic diseases we deal with, answering questions from patients and their families, and even potentially placing our families at risk as we continue to be exposed to the virus are just some of the common mental health burdens we bear.[13-15] And then there are the frustrations related to politicization of information which confuses those we need to care for – and sometimes even ourselves. Some of our healthcare counterparts even have to deal with threats to their physical safety brought about by the community's fear of the virus.[16-20]

As if these were not enough, more recent developments such as the question of whether our country can get timely and equitable access to COVID-19 vaccines, the alleged misuse of PhilHealth funds which can affect payments to physicians for taking care of COVID-19 patients, the second wave of COVID-19 cases due to the lack of social distancing during the holiday season, as well as the emergence of new SARS-COV2 strains and its implications continue to bombard our daily lives.[21-34]

We may not be as happy as we had been in previous years, but we have certainly kept our hopes up and acted as heroes in many instances. Many of our colleagues have led the way in helping guide our country's responses to the COVID-19 pandemic, including the use of proper PPEs and social distancing requirements. Government agencies tasked with promulgating community guidelines have listened to what physician experts have to say. Many of us clinicians have also been diligent in keeping ourselves informed on the latest guidelines as we try our best to deliver the best care to our COVID-19 patients.[35-37] All of these need to continue.

In addition, let us not overlook the need to address mental health issues related to this COVID-19 pandemic, including our own and those whom we work with: physician colleagues as well as trainees and other members of the healthcare team. Just like we should be aware of the mental health challenges affecting the patients we treat; similar or even greater mental health challenges can affect us and other healthcare professionals. As we advocate for the mental health of our patients, we should likewise push for the mental health of healthcare workers.

Several recommendations on how to address mental health problems related to the COVID-19 pandemic already exist, including those from our own Philippine College of Physicians.[5,38-43] There are also some local hotlines that individuals affected by mental health issues related to COVID-19 can contact.[40,41,44,45] However, these are geared more towards the general population rather than specifically for healthcare workers. Perhaps our College, through our Chapters could set up such support systems. Some healthcare mental health issues on the frontline, such as balancing the moral obligation to care for COVID-19 patients and fear for personal and family safety, are peculiar to the healthcare professional. Previous attempts to express our needs as human beings have resulted in public misunderstandings and criticism.[46,47] Perhaps by formally setting up such support systems ourselves, we can truly work together as members of the Philippine College of Physicians.

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