

Indian Journal of Clinical Psychiatry

(Official publication of Indian psychiatric Society- UP branch)

In this issue.....

EDITORIAL

When The Whole World was Witnessing COVID-Crisis...A New Chapter Began
Vipul Singh, Sujit Kumar Kar

The Slippery Slope of Editing : Balanced Perspectives for Initiating a New Biomedical Journal
Debanjan Banerjee, T. S. Sathyanarayana Rao

PERSPECTIVE

A Private Psychiatric Specialty Hospital in Kanpur – Some Initial Experiences
R. K. Mahendru

Mental Health in U.P. - Last Fifty Years
A. K. Agarwal

A Kaleidoscopic View of Substance Use in Uttar Pradesh
Pranob Kumar Dalal and Kopal Rohatgi

NGO's and Their Role in Mental Health Care in India
Shashi Rai, Bandna Gupta

Suicide in Uttar Pradesh : An Overview
Shivangini Singh and Teena Bansal

REVIEW ARTICLE

COVID-19 Chaos and New Psychoactive Substances: New Threats and Implications
Kumari Rina, Sujita Kumar Kar, Susanta Kumar Padhy

Mental Health Issues in Covid and Post Covid-19 Scenario: The Way Forward
Tapas Kumar Aich, Amil H Khan, Prabhat Kumar Agrawal

Psychiatrists in The State of Uttar Pradesh: The Iconic Professionals
S. C. Tiwari, Nisha Mani Pandey

Werther's Effect: A Brief Review
Rakesh Yaduvanshi, Anurag Agrawal, Chinar Sharma

Immune-inflammatory Pathways in Somatoform-Disorders : A Theoretical Update
Vikas Menon, Natarajan Varadharajan, Selvaraj Saravanan

VIEW POINT

Attributes of Distress Among Healthcare Workers Infected with COVID-19
Sujita Kumar Kar, Akanksha Shankar, Sudhir Kumar Verma, Parul Verma, Rahul Kumar, Suyash Dwivedi, Anand Kumar Maurya and Rajnish Kumar

Choosing and Publishing A Research Project
Yasodha Maheshi Rohanachandra, Raviteja Innamuri, Amit Singh, Anoop. G, Guru S Gowda, Harita Mathur, Jayant Mahadevan, Lochana Samarasinghe, Naga V S S Gorthi, Pratikchya Tulachan, Rajesh Shrestha, Rajitha Dinushini Marcellin, Samindi T. Samarawickrama, Shanali Iresha Mallawaarachchi and Shreeram Upadhyaya, Shreeram Upadhyay and Sharad Philip

ORIGINAL ARTICLE

Sexual Openness and Sexual Dysfunction in Indian Women: A Qualitative Approach
Jyoti Mishra, Nitin Gupta and Shobit Garg

CASE REPORT

Cannabis Induced Psychotic Disorder in Cannabis With-drawal During COVID-19 Lockdown : A Case Report
Dhana Ratna Shakya, Sandesh Raj Upadhaya

COVID-19 : Depression & Psychogenic Erectile Dysfunction
Raghav Gupta, Pranahith Reddy and Kishore M.

Art & Mental health : Perspectives of The Mind
Pawan Kumar Gupta and Aditya Agarwal

ABSTRACTS



Attributes of Distress Among Healthcare Workers Infected with COVID-19

Sujita Kumar Kar¹, Akanksha Shankar², Sudhir Kumar Verma³, Parul Verma⁴, Rahul Kumar⁵, Suyash Dwivedi⁶, Anand Kumar Maurya⁷ and Rajnish Kumar⁸

¹Associate Professor, Department of Psychiatry, King George's Medical University, Lucknow, U.P, India.
E-mail: drsujita@gmail.com

²Junior Resident, Department of Psychiatry, King George's Medical University, Lucknow, U.P, India.
E-mail: akks1420@gmail.com

³Associate Professor, Department of Medicine, King George's Medical University, Lucknow, U.P, India.
E-mail: sudhirkgmu@gmail.com

⁴Associate Professor, Department of Dermatology, Venerology and Leprosy, King George's Medical University, Lucknow, U.P, India. E-mail: parulverma6@gmail.com

⁵Additional Professor, Department of Pharmacology, King George's Medical University, Lucknow, U.P, India.
E-mail: rahulkgmu@gmail.com

⁶Senior Resident, Department of Psychiatry, King George's Medical University, Lucknow, U.P, India.
E-mail: suyash.dwivedi19@gmail.com

⁷Junior Resident, Department of Pharmacology, King George's Medical University, Lucknow, U.P, India.
E-mail: dranand150@gmail.com

⁸Junior Resident, Department of Orthopedics, King George's Medical University, Lucknow, U.P, India.
E-mail: rajnishkmr214@gmail.com

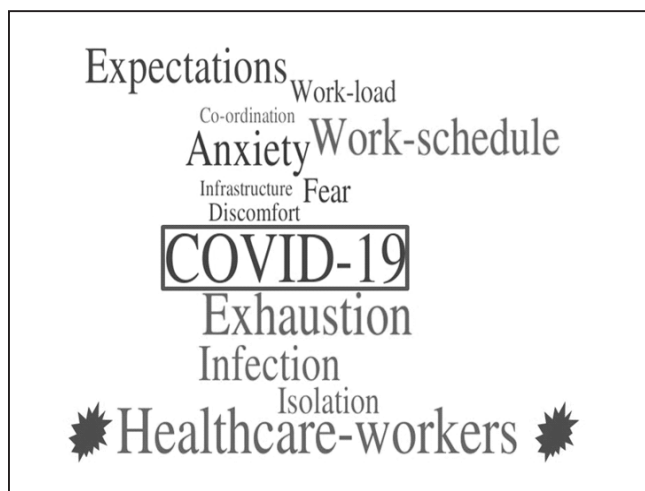
Over the past year, the world has witnessed the devastating effect of COVID-19. As of by 5th January 2021, a total of 84,233,579 confirmed cases and 1,843,293 confirmed deaths had been reported globally, with a mortality rate of 2.188% [1]. As per an earlier report (by the first week of May 2020), more than 90,000 healthcare workers (HCWs) are infected with COVID-19 globally [2]. As the pandemic progressed, there is exponential increase in the number COVID infected HCWs, globally. By the first week of September 2020, only the American region accounted for 570,000 COVID infected HCWs with 2500 deaths among HCWs [3]. It indicated that the global figure of COVID infected HCWs to be huge by this time.

There is no central registry in India that documents the number of healthcare workers infected or died because of COVID-19 [4]. As there is a substantial increase in several COVID-19 cases and a more significant number of HCWs are involved in care, the number of infected HCWs is expected to rise, leading to a more significant mortality rate among HCWs [2]. Due to poor reporting

and limited coverage of testing, the data reported in official portals reflect the tip of the iceberg [2,5]. Research data from the Netherlands report that nearly 1% of the HCWs involved in COVID-care are found to be COVID positive [6]. Of these infected individuals, only 3% had a history of contact with COVID-19 patients. However, the scene is expected to be drastically different if the infection rate is evaluated among the HCWs in developing countries with limited resources involved in the direct care of COVID-19 patients.

The World Health Organization (WHO) had appealed to all the governments, organizations, agencies, and the global community to adopt appropriate cautionary measures for the utmost safety and protection of HCWs [5]. Stress and burnout levels among healthcare workers were high before the pandemic, which has further increased due to obvious reasons. During the COVID-19 pandemic, HCWs involved in COVID patients' care face stigma, discrimination, violence, psychological trauma, physical exhaustion, and burnout [5]. The challenges faced by the HCWs infected with COVID-19 are enormous. Physical health issues are objective and easily identifiable, but mental health issues are often subjective and remain under-evaluated. A recent systematic review and meta-analysis revealed that the HCWs

Figure 1: Attributes to distress among HCWs dealing with COVID-19 patients



undergo significantly higher psychological distress than the general population in the context of COVID-19 [7]. Evidence support that HCWs during this COVID-19 pandemic experience - stress, anxiety, depression, adjustment disorder, moral injury, acute stress reaction, post-traumatic stress disorder, burnout, somatic symptoms, and sleep disturbances [7-11]. Negative impacts were increased by the perceived stigma of family members and the community. Incidences like asking doctors and HCWs to vacate their homes and not allowing them to step in their own apartment, considering them to be the carrier of infection, further increased the stress level despite taking all the precautions during their duties [12]. Various challenges met by the HCWs, attribute to distress (Figure 1).

Experiencing guilt, fear of transmitting infections to closed ones, and anticipating feared consequences are potential attributes to distress in HCWs¹⁰. During this pandemic, it is vital that the HCWs understand what stress seems like, take the initiative to enhance their resilience and cope with stress, and know where to go if they needed support¹³.

To combat the distress related to healthcare delivery during the COVID-19 pandemic, the HCWs should be self-sustainable. Various characteristics in an HCW (as shown in figure 2) may improve the self-sustainability. Among the contrasting socio-cultural environment, coping mecha-

Figure 2: Word cloud showing the characteristics of an HCW to combat distress during COVID-19



nisms differed and tended to vary among doctors, nurses, and other HCWs¹⁴. While we cannot fully alleviate stress in the healthcare community, environmental modifications can improve working practice¹⁵. The HCWs involved in COVID-care have the right to avail several occupational healthcare benefits like – appropriate treatment service, rehabilitation, insurance, honorarium, and compensation⁵. The commitments and sacrifice of the HCWs during this healthcare crisis should not be ignored. Addressing the mental healthcare needs of HCWs engaged in COVID-care and those infected with COVID-19 is highly essential. It will help in motivating the HCWs to continue their uninterrupted and self-less service.

REFERENCES

1. WHO. WHO Coronavirus Disease (COVID-19) Dashboard, <https://covid19.who.int> (2021, accessed 5 January 2021).
2. Reuters. Over 90,000 health workers infected with COVID-19 worldwide Read more at: *The Economic Times*, 5 June 2020, https://economictimes.indiatimes.com/news/international/world-news/over-90000-health-workers-infected-with-covid-19-worldwide/articleshow/75578439.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst (5 June 2020, accessed 19 July 2020).
3. PAHO. *COVID-19 has infected some 570,000 health workers and killed 2,500 in the Americas, PAHO Director says*, <https://www.paho.org/en/news/2-9-2020-covid-19-has-infected-some-570000-health-workers-and-killed-2500-americas-paho> (2020, accessed 1 May 2021).
4. PTI. No Central Data on Health Workers Who Died, Tested Positive During COVID Duty: Govt. *The Wire*, 19 September 2020, <https://thewire.in/government/centre-data-health-workers-died-infected-covid-19> (19 September 2020, accessed 10 January 2020).
5. World Health Organization. WHO calls for healthy, safe and decent

- working conditions for all health workers, amidst COVID-19 pandemic, <https://www.who.int/news-room/detail/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic> (2020, accessed 19 July 2020).
6. Bergh MFQK den, Buiting AGM, Pas SD, et al. Prevalence and Clinical Presentation of Health Care Workers With Symptoms of Coronavirus Disease 2019 in 2 Dutch Hospitals During an Early Phase of the Pandemic. *JAMA Netw Open* 2020; 3: e209673–e209673.
 7. Luo M, Guo L, Yu M, et al. The psychological and mental impact of coronavirus disease 2019 (COVID-19) on medical staff and general public – A systematic review and meta-analysis. *Psychiatry Res* 2020; 291: 113190.
 8. Barello S, Palamenghi L, Graffigna G. Burnout and somatic symptoms among frontline healthcare professionals at the peak of the Italian COVID-19 pandemic. *Psychiatry Res* 2020; 290: 113129.
 9. Greenberg N, Docherty M, Gnanapragasam S, et al. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*; 368. Epub ahead of print 26 March 2020. DOI: 10.1136/bmj.m1211.
 10. Walton M, Murray E, Christian MD. Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *Eur Heart J Acute Cardiovasc Care* 2020; 9: 241–247.
 11. Yang L, Yin J, Wang D, et al. Urgent need to develop evidence-based self-help interventions for mental health of healthcare workers in COVID-19 pandemic. *Psychol Med* 2020; 1–2.
 12. Sharma NC. Doctors, nurses face stigma over coronavirus, asked to vacate rented homes. *mint*, <https://www.livemint.com/news/india/doctors-nurses-face-stigma-over-coronavirus-asked-to-vacate-rented-homes-11585074366997.html> (2020, accessed 27 December 2020).
 13. CDC. Coronavirus Disease 2019 (COVID-19). *Centers for Disease Control and Prevention*, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html> (2020, accessed 27 December 2020).
 14. Cabarkapa S, Nadjidai SE, Murgier J, et al. The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A rapid systematic review. *Brain Behav Immun - Health* 2020; 8: 100144.
 15. Markovitz S. Six Design Strategies To Reduce Healthcare Worker Stress During The Coronavirus Pandemic. *Forbes*, <https://www.forbes.com/sites/coronavirusfrontlines/2020/07/08/six-design-strategies-to-reduce-healthcare-worker-stress-during-the-coronavirus-pandemic/> (accessed 27 December 2020).