Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies ***NLM ID:*** *101716117*

Journal home page: www.jamdsr.com doi: 10.21276/jamdsr Index Copernicus value = 85.10

(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

Original Research

Psychological impact of COVID-19 on Mental Health Professionals working in different tertiary level healthcare setups of India

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***ABSTRACT*:**

Background: The exponential increase of mental health issues associated with COVID-19 increased the pressure on mental health professionals. Hence, this study was conducted to assess the psychological consequences of Covid-19 on mental health professionals working in the country**. Methods:** This multi-centric study was conducted on mental health professionals of the country. The data collection was done online by using a survey form created through the Google Forms platform. Socio-demographic data sheet, Coronavirus Anxiety Scale and Depression, Anxiety and Stress Scale - 21 Items (DASS-21) were used for data collection. The data analysis was done by using Statistical Package of Social Sciences (SPSS) Windows version 25. Descriptive statistics, Independent Samples t Test and Pearson's Correlation (Two Tailed) were used for data analysis. **Results**: The mean age of the selected mental health professionals was noted to be 33.89 ± 7.79 years. In all the domains of the Depression, Anxiety and Stress Scale - 21 Items (DASS-21) females scored significantly higher than males (p =0.0001). The psychiatric nurses reported significantly higher level of anxiety and stress in the DASS-21 items. Significant positive correlations were noted between the corona virus anxiety and the three domains of the DASS-21. **Conclusion:** A considerable psychological impact of the Covid-19 pandemic was observed on the mental health professionals of our country. Increased anxiety about the corona virus was associated with increased likelihood of depression, stress and anxiety among the mental health professionals.

Keywords: Covid-19, mental health, psychological impact, mental health professionals

Received: 14, January 2021 Accepted: 25 February, 2021

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This article may be cited as: Bhattacharya D, Rai AK, Singh NK, Koushal V, Mahajan SS, Mahajan P. Psychological impact of COVID-19 on Mental Health Professionals working in different tertiary level healthcare setups of India. J Adv Med Dent Scie Res 2021;9(4):1-8.

INTRODUCTION:

The pandemic of Covid-19 has been the stiffest challenge world has witnessed after the second World War. This pandemic has affected every nook and corner of the society and its people, virtually no segment of the society is being spared by it. It has forced certain unprecedented scenarios which the modern world had not witnessed ever, like large scale suspension of transportation, nation-wide locking down, quarantining of entire communities, suspension of academic institutions, social isolation etc. The health hazards associated with the disease supplemented with these unprecedented scenarios have resulted in fear and apprehension among all sections of the society, including healthcare professionals. [1] The whole healthcare community and healthcare professionals of all categories have been serving as the frontline warriors against this global crisis. The rapid spread of COVID-19 and heterogeneity in type and severity of symptoms has put health care systems under immense stress even in most developed nations. [1,2] Despite earlier familiarity with similar infectious diseases and illnesses, healthcare workers were not well prepared to face the sudden pandemic of this magnitude. They are not immune to the adverse psychological

consequences (e.g., anxiety, stress, depression and feeling of apprehension) of COVID-19, just like any common man. Additional reasons precipitating adverse psychological outcomes in them include high workload, inexperience of using personal protective equipment, adjustment issues, stigma, fear of infection, workplace stress, social isolation, discrimination, media pressure and subjective feeling of low support. [2-7] Although, mental health professionals like psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses may not be directly involved in the clinical management of Covid-19 patients, they are also working in COVID management settings and vested with different type of responsibilities, the most important being to address the adverse psychological impact of Covid-19 on patients, family members and common people in general. The exponential increase of mental health issues associated with COVID-19 has also increased the pressure on mental health professionals. In order to deal with the sudden surge in adverse psychological reactions amongst patients and common people due to this pandemic, mental health professionals had to amplify their professional roles and duties within a short time span. [8] This study was conducted to assess the psychological consequences of Covid-19 on mental health professionals working in the tertiary level healthcare setups and District Mental Health Programmes (DMHP) in the country.

MATERIALS AND METHOD:

This multi-centric study was conducted on mental health professionals working in tertiary level, referral healthcare institutes of India as well as DMHP projects of the country. Required ethical clearance was taken. Mental health professionals from 9 tertiary healthcare institutes [viz. Central Institute of Psychiatry (CIP), Ranchi, Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry, Institute of Psychiatry (IP), Kolkata, Mental Health Institute (MHI), Cuttack, Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Ranchi, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Dr. Ram Manohar Lohia (RML) Hospital, New Delhi and Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi] were given intimation about the study and requested to participate in the online survey. Some mental health professionals working in the District Mental Programmes (DMHP) were also randomly contacted to participate in this study. The data collection was done online by using a survey form created through the Google Forms platform.

The criteria for the selection of participants were:

1. Must be having educational qualifications in any of the four disciplines of mental health (viz. Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing),
2. Must be working as a full-time worker (either on regular or contractual basis) in their respective institutes.
3. Were willing to give written informed consent.

Written Informed Consent, attached with the Survey in the Google Form, was taken from each participant of the study prior to filling the responses to questions. Of the 378 mental health professionals working in these institutes, 154 responded with correctly filled Google Forms. Socio-demographic data sheet, Coronavirus Anxiety Scale [9] and Depression, Anxiety and Stress Scale - 21 Items (DASS-21) [10] were used for data collection. The data analysis was done by using Statistical Package of Social Sciences (SPSS) Windows version 25. Descriptive statistics, Independent Samples t Test and Pearson's Correlation (Two Tailed) were used for data analysis.

RESULTS:

The demographic profile of the study participants is as depicted in Table 1.

Table-1: Profile of the Selected Mental Health Professionals (N=154)

Variable	Sub-category	Number	Percentage
Gender	Males	82	53.2
	Females	72	46.8
Mental Health Professionals	Psychiatrists	16	10.4
	Clinical Psychologists	18	11.7
	Psychiatric Social Workers	99	64.3
	Psychiatric Nurses	21	13.6
Religion	Hinduism	130	84.4
	Others (Islam, Christianity, Sikhism, Buddhism, etc)	24	15.6
Education	Post Graduates	55	35.7
	Higher Academic Degrees after Post Graduation	84	54.5
	Bachelor Degree/Diploma	15	9.7
Marital Status	Married	88	57.1
	Single	66	42.9
Type of Job	Regular	69	44.8
	Contractual/Temporary	85	55.2
Family Type	Nuclear Family	96	62.3
	Joint Family	58	37.7

Source of Awareness about Covid-19	Newspapers	42	27.3
	Electronic Media/TV Channels	35	22.7
	Websites	1	0.6
	Government Agencies	52	33.8
	Multiple Sources	24	15.6
Feeling of Stigma of Covid-19	Yes	43	27.9
	No	111	72.1
Age (Years)	33.89 ± 7.79 (Range 22-65 yr.; Median 32.00; Mode 29.00)		
Total Experience in Mental Health Field	8.29 ± 7.39 (Range 1-38 yr.; Median 5.50; Mode 3.00)		

The distribution of participants from different categories was as follows: psychiatric social workers (n=99), psychiatrists (n=16), clinical psychologists (n=18) and psychiatric nurses (n=21). Males were noted to be slightly higher in numbers than females (n=82 *vs.* n=72). In terms of religion, most of them were Hindu (n=130), belonging to nuclear families (n=96), and married (n=88). In terms of type of job, 69 participants were in regular jobs, whilst, 85 of them were in contractual jobs. Most of the participants were having either Post Graduation or higher level of academic qualifications. Majority of the Psychiatrists, Clinical Psychologists and Psychiatric Social Workers were having higher academic qualifications [e.g., MD (Psychiatry), MPhil/PhD (Clinical Psychology and Psychiatric Social Work)], however, amongst Psychiatric Nurses, majority of them were noted to have Bachelor Degree and/or Diploma in Psychiatric Nursing. The mean age of the selected mental health professionals was noted to be 33.89 ± 7.79 years (Range 22-65 years). The mean duration of work was noted to be 8.29 ± 7.39 years (Range 1-38 years). Majority of the participants did not think Covid-19 to be a stigmatizing condition (n=111). The major sources of knowledge about the symptoms and other information related to course and prognosis of Covid-19 were found to be Government Agencies (n=52), Newspapers (n=42) and Electronic Media/TV (n=35). However, 24 of them reported that they acquired the knowledge from multiple sources. Only one participant gathered knowledge from the websites (Table-1).

Table-2: Comparison of the level of Corona virus Anxiety amongst mental health professionals as per their gender (N=154) [Scores on Corona virus Anxiety Scale (CAS)]

Variables Corona virus Anxiety Scale Items	Groups (N=154)		t (df=152)	p
	Males (n=82) (Mean ± SD)	Females (n=72) (Mean ± SD)		
I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus	0.73 ± 0.78	1.20 ± 0.90	-3.502	.001**
I had trouble falling or staying asleep because I was thinking about the coronavirus	0.68 ± 0.84	1.30 ± 0.94	-4.320	.0001***
I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus	0.57 ± 0.81	1.11 ± 0.98	-3.700	.0001***
I lost interest in eating when I thought about or was exposed to information about the coronavirus	0.59 ± 0.79	1.15 ± 0.98	-3.852	.0001***
I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus	0.58 ± 0.78	1.23 ± 1.02	-4.445	.0001***
Corona virus Anxiety Scale Total Score	3.17 ± 3.79	6.02 ± 4.64	-4.196	.0001***

Sig <0.01**; <0.001***

The female participants of the present study reported significantly higher level of coronavirus anxiety than that of males. In the both total score and the individual items females scored significantly higher than males (Table-2).

Table-3: Comparison of the level of Depression, Anxiety and Stress among selected mental health professionals as per their gender (N=154) [Scores of Depression, Anxiety and Stress Scale - 21 Items (DASS-21)]

Variables Depression, Anxiety and Stress Scale - 21 Items (DASS-21)	Groups (N=154)		t (df=152)	p
	Males (n=82) (Mean ± SD)	Females (n=72) (Mean ± SD)		
Depression	3.08 ± 4.15	5.97 ± 5.12	-3.857	.0001***
Anxiety	3.54 ± 4.73	6.88 ± 5.52	-4.038	.0001***
Stress	4.78 ± 5.00	8.68 ± 5.66	-4.537	.0001***

Sig <0.001***

The female participants of the present study reported significantly higher level of psychological problems like depression, anxiety and stress than that of males. (Table-3).

Table-4: Comparison of the level of Corona virus Anxiety among selected mental health professionals (N=154) [Scores of Corona virus Anxiety Scale (CAS)]

Corona virus Anxiety Scale Items (CAS)	Groups (N=154)				F (df=3, 153)	P	Bonferroni Post hoc
	Psychiatrist (*n*=16) Mean ± SD	Clinical Psychologist (*n*=18) Mean ± SD	Psychiatric Social Worker (*n*=99) Mean ± SD	Psychiatric Nurse (n=21) Mean ± SD			
I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus	0.75 ± 0.77	1.00 ± 0.76	0.89 ± 0.87	1.33 ± 0.96	1.787	.152	A=B A=C A=D B=C B=D
I had trouble falling or staying asleep because I was thinking about the coronavirus	0.81 ± 0.91	1.00 ± 0.84	0.91 ± 0.94	1.33 ± 1.01	1.298	.277	A=B A=C A≠D B=C B=D
I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus	0.56 ± 0.72	0.94 ± 1.05	0.76 ± 0.93	1.19 ± 0.92	1.730	.163	A=B A=C A≠D B=C B=D
I lost interest in eating when I thought about or was exposed to information about the coronavirus	0.68 ± 0.70	0.77 ± 0.73	0.78 ± 0.93	1.38 ± 1.07	2.702	.048*	A=B, A=C, A≠D, B=C B≠D C<D*
I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus	0.75 ± 0.68	1.00 ± 1.02	0.78 ± 0.93	1.38 ± 1.07	2.468	.065	A=B A=C A≠D B=C B≠D C≠D
Corona virus Anxiety Scale Total Score	3.56 ± 3.57	4.72 ± 4.23	4.19 ± 4.48	6.52 ± 4.68	1.900	.132	A=B A=C A≠D B=C B=D C≠D

Sig <0.05*;

In current study, psychiatric nurses reported significantly higher level of score in the item 4 of the Coronavirus Anxiety Scale (i.e., I lost interest in eating when I thought about or was exposed to information about the coronavirus) than other three mental health professionals. However, in total score or other four items of the scale, no significant difference was noted among these four professionals (Table-4).

Table-5: Comparison of the level of Depression, Anxiety and Stress among selected mental health professionals (N=154) [Scores of Scores of Depression, Anxiety and Stress Scale - 21 Items (DASS-21)]

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)	Groups (N=154)				F (df=3, 153)	P	Bonferroni Post hoc
	Psychiatrist (*n*=16) Mean ± SD	Clinical Psychologist (*n*=18) Mean ± SD	Psychiatric Social Worker (*n*=99) Mean ± SD	Psychiatric Nurse (n=21) Mean ± SD			
Depression	3.37 ± 3.42	5.00 ± 4.69	4.05 ± 4.78	6.57 ± 5.71	1.945	.125	A=B A=C A≠D B=C B=D C≠D
Anxiety	3.56 ± 4.19	6.00 ± 5.36	4.59 ± 5.21	7.95 ± 6.12	2.981	.033*	A=B A=C

							A≠D B=C B=D C<D*
Stress	7.68 ± 4.65	7.00 ± 5.39	5.60 ± 5.52	10.14 ± 5.91	4.252	.006**	A=B A≠C A=C B=C B<D*

Sig <0.05*;<0.01**

The psychiatric nurses reported significantly higher level of anxiety and stress in the Depression, Anxiety and Stress Scale - 21 Items (DASS-21) than other three mental health professionals. However, in the depression domain of the DASS-21 no significant difference was noted among these four disciplines of mental health.

Table-6: Comparison of the level of Corona virus Anxiety among selected mental health professionals as per their marital status (N=154) [Scores of Corona virus Anxiety Scale (CAS)]

Variables Corona virus Anxiety Scale Items	Groups (N=154)		t (df=152)	p
	Married (n=88) (Mean ± SD)	Single (n=66) (Mean ± SD)		
I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus	1.02 ± 0.95	0.86 ± 0.74	1.120	.265
I had trouble falling or staying asleep because I was thinking about the coronavirus	1.02 ± 1.02	0.90 ± 0.81	.739	.461
I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus	0.89 ± 1.00	0.72 ± 0.83	1.118	.265
I lost interest in eating when I thought about or was exposed to information about the coronavirus	0.96 ± 1.03	0.71 ± 0.75	1.168	.095
I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus	0.98 ± 1.06	0.75 ± 0.78	1.483	.140
Corona virus Anxiety Scale Total Score	4.93 ± 4.93	3.93 ± 3.64	1.377	.171

Marital status has not been found to have significant implication on the coronavirus anxiety among the selected mental health professionals. No significant difference was noted between the married and single participants in the coronavirus anxiety. In the both total score and individual items of the Corona virus Anxiety Scale no significant differences were noted between the married and single mental health professionals.

Table-7: Comparison of the level of Depression, Anxiety and Stress among selected mental health professionals as per their marital status (N=154) [Scores of Scores of Depression, Anxiety and Stress Scale - 21 Items (DASS-21)]

Variables Depression, Anxiety and Stress Scale - 21 Items (DASS-21)	Groups (N=154)		t (df=152)	p
	Married (n=88) (Mean ± SD)	Single (n=66) (Mean ± SD)		
Depression	4.64 ± 5.19	4.15 ± 4.33	.628	.531
Anxiety	5.39 ± 5.70	4.72 ± 4.91	.765	.445
Stress	6.98 ± 6.05	6.09 ± 5.07	.975	.331

No significant difference was noted between the married and single participants in the psychological symptoms like depression, anxiety and stress (domains of the Depression, Anxiety and Stress Scale - 21 Items (DASS-21).

Table-8: Comparison of the level of Corona virus Anxiety among selected mental health professionals as per their type of job (N=154) [Scores of Corona virus Anxiety Scale (CAS)]

Variables Corona virus Anxiety Scale Items	Groups (N=154)		t (df=152)	p
	Regular Job (n=69) (Mean ± SD)	Contractual/ Temporary (n=85) (Mean ± SD)		
I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus	1.01 ± 0.91	0.90 ± 0.83	.766	.445
I had trouble falling or staying asleep because I was thinking about the coronavirus	0.97 ± 0.99	0.97 ± 0.89	-.036	.972
I felt paralyzed or frozen when I thought about	0.86 ± 0.98	0.78 ± 0.90	.535	.594

or was exposed to information about the coronavirus				
I lost interest in eating when I thought about or was exposed to information about the coronavirus	0.95 ± 1.03	0.77 ± 0.83	1.194	.234
I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus	0.97 ± 1.04	0.82 ± 0.88	.947	.345
Corona virus Anxiety Scale Total Score	4.79 ± 4.76	4.27 ± 4.16	.731	.466

Type of job, i.e., holding a regular job or in a contractual or temporary job has not made any significant implication on the perception of coronavirus anxiety among the selected four types of mental health professionals. No significant difference was noted between the regular and contractual participants in the Coronavirus anxiety in the both total score and individual items of the Corona virus Anxiety Scale.

Table-9: Comparison of the level of Depression, Anxiety and Stress among selected mental health professionals as per their type of job (N=154) [Scores of Scores of Depression, Anxiety and Stress Scale - 21 Items (DASS-21)]

Variables Depression, Anxiety and Stress Scale - 21 Items (DASS-21)	Groups (N=154)		t (df=152)	p
	Regular Job (n=69) (Mean ± SD)	Contractual/ Temporary Job (n=85) (Mean ± SD)		
Depression	4.49 ± 4.96	4.38 ± 4.76	.133	.894
Anxiety	5.13 ± 5.59	5.09 ± 5.21	.042	.967
Stress	6.94 ± 5.91	6.32 ± 5.45	.668	.505

Type of job has not been found to have significant implication on the levels of depression, anxiety and stress among the selected four types of mental health professionals. No significant difference was noted between the regular and contractual participants in the psychological symptoms like depression, anxiety and stress (domains of the Depression, Anxiety and Stress Scale - 21 Items (DASS-21).

Table-10: **Association between coronavirus anxiety and psychological problems (Depression, Anxiety and Stress among mental health professionals in Covid-19 era (Pearson Correlation: Two Tailed)**

Variables	Domains of Depression, Anxiety & Stress Scale - 21 Items (DASS-21) (*r*)		
	Depression	Anxiety	Stress
Total Score of Coronavirus Anxiety Scale	.910**	.896**	.869**

** Correlation is significant at the 0.01 level (2-tailed).

Significant positive correlations were noted between the conronavirus anxiety and the three domains of the Depression, Anxiety and Stress Scale - 21 Items (DASS-21). Escalation of coronavirus related anxiety would also likely to cause significant increase in the depression, anxiety and stress among the selected mental health professionals.

DISCUSSION:

The current study was conducted on 154 trained as well as academically qualified mental health professionals working in different referral healthcare institutes and District Mental Health Programmes (DMHP) which are operational in different parts of the country. The pandemic of Covid-19 has made the world standstill for an entire year. Since the diagnosis of first case of Covid-19 in December 2019, it has swept across the world and galvanized global action. This pandemic has compelled the Governmental system of the nations across the world to take some most unprecedented as well as tough decisions like 'nationwide locking down', 'restriction of peoples' movement', 'suspension of economic, academic and other activities' to curb the spreading of this disease. The world has not seen crisis of such scale in post World War-II. This pandemic has made people to develop specific behaviour like 'social distancing', 'showing extra attention to hand washing', and 'avoiding direct physical contacts with others'. This pandemic has brought in adverse psychological consequences in common people including healthcare professionals. Healthcare professionals are being held as the 'frontline warriors' for combating against this crisis. But, like common people they were also seen to experience adverse psychological consequences. However, their situation tends to get more complicated due to high workload/work hours, insufficiency in personal protective equipment, over-enthusiastic or sometime exaggerated media news, subjective feeling of getting less support from administration and government, chances of being infected, subjective sense of frustration, helplessness,

adjustment problems, stigma and fear of discrimination. [1-6,11] As an integral part of the healthcare system of the country mental health professionals are also exposed to this challenge; in many cases they are also given the tasks of providing clinical services to Covid-19 affected people. At the same time, they are supposed to amplify their own services, i.e., mental health services, because due to Covid-19, there is a sudden surge in psychological problems among common individuals and exacerbation of illness to people already has mental illness. The World Health Organization (WHO) has completed a survey on the status of mental health services of 130 countries during the Covid-19 era and found that, pandemic has disrupted or caused significant adverse impact on the critical mental health services in 93% of countries worldwide. [12] In current study gender of the mental health professionals has been found to have significant implications on the perception of coronavirus anxiety as well as experiencing adverse psychological consequences (depression, anxiety and stress) (Table-2 & 3). Female mental health professionals had reported significantly higher level of coronavirus anxiety and psychological problems (depression, anxiety and stress). Females have to take care of daily family chores and maintenance of internal family activities at the same time they have to deal with their respective clinical assignments and responsibilities. Probably because of dual pressure of home and workplace had caused escalation in their anxiety. They might also have fear of transmitting this highly infectious disease to their children and family members. Similar kinds of findings were seen by Lai et al. [13] In current study psychiatric nurses reported higher conronavirus related anxiety and adverse psychological consequences in the forms of higher anxiety, psychological stress and depression (Table 4 & 5). However, other three mental health professionals like psychiatrists, clinical psychologists and psychiatric social workers reported significantly lesser stress and psychological problems than psychiatric nurses. In a qualitative study, Galehdar et al [14] noted that psychiatric nursing staffs attributed escalation of psychological distress and anxiety on few factors like ‘coming close proximity with Covid-19 patients’, ‘relatively higher workload’, ‘fear of infecting the family’, ‘emotional distress of disclosing bad news to caregivers’, ‘fear of being contaminated’, ‘lack of personal protective equipment’, and ‘public ignorance of preventive measures’. Nurses working in tertiary healthcare institutes including dedicated mental health institutes come into the close proximity of the patients and probably this reason they have the anticipation of getting infected and spreading infection to their family members. Other factors like ‘type of the job’ and ‘marital status’ were not seen to have significant implications on the coronavirus anxiety and adverse psychological consequences of the selected four types of mental health professionals. In present study it was noted that increase in coronavirus related anxiety also leads to increase in psychological problems in the forms of depression, increased psychological stress and anxiety. Similar findings were noted some past studies also [e.g, 1-5, 8,9,11].

But in present study important factors like ‘perceived social support’, ‘coping and resilience of the professionals’, ‘present place of duty within the hospital’, and ‘quality of support from the side of hospital administration’ were not assessed. Those factors have significant implication on the stress perceptions and reactions of individuals.

CONCLUSION:

A considerable psychological impact of the Covid-19 pandemic was observed on the mental health professionals of our country. Increased anxiety about the corona virus was associated with increased likelihood of depression, stress and anxiety among the mental health professionals.

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