LETTER



Mental health status of dermatologists during the COVID-19 pandemic: A technology-based therapy

Dear Editor,

The high infectivity and communicability of the new corona virus disease (COVID-19), even during incubation period, coupled with substantial mortality due to unavailability of specific treatment, has resulted in immense psychological stress among health care workers (HCWs).¹⁻⁴ Although frontline HCWs in fever clinics, isolation wards, and intensive care units share the maximum brunt, no speciality is immune to it's psychological sequelae like fear, stress, anxiety, and depression.⁵

Dermatologists can be exposed to COVID-19 during their postings in emergency rooms and intensive care units to tide over the shortage of emergency/intensive care specialists, apart from treating many outdoor patients. Dermatologists may be exposed to the virus under following scenarios⁶:

- Triage and infection screening for outpatients with skin disease: The role of a dermatologist becomes important when a febrile patient with cough/respiratory distress presents with skin rash. Such a fever may have been caused by COVID-19, thus increasing their risk of exposure.
- 2. Management of in-patients suspected to harbor COVID-19: Asymptomatic patients may be admitted to Dermatology wards. Additionally, dermatologists may be deputed at critical care units in such an extraordinary situation. Besides, the global shortage of personal protective equipment (PPE) adds to the anxiety of HCWs including dermatologists. Nosocomial infections have also increased during this time.
- Management of confirmed COVID-19 patients with skin disease: This scenario puts dermatologists at direct risk of exposure to COVID-19. Although it is recommended that treating physicians send images of skin lesions to dermatologists via email and teledermatology, it is often impossible to diagnose the skin lesions without direct visual examination.

Thus, dermatologists have a considerable risk of exposure to COVID-19, especially in hospital set-ups; thus harboring substantial fear of infection and/or death. Several frontline HCWs have died in China, and 20 of 44 recent deaths in Philadelphia were HCWs. HCWs positive for COVID-19 test are being quarantined, which magnifies the fears.

Furthermore, previous pandemics have shown that quarantined HCWs may experience post-traumatic stress disorder (PTSD). Fear of cross-infecting their contacts has driven them away from homes; this social confinement with additional workload and lack of PPE has worsened their mental health, resulting in acute stress, depression, and substance abuse. HCWs may feel betrayed by the system or their employers as they are being forced to work beyond their speciality, for long hours without any additional incentive, to overcome the shortage of trained manpower. The ensuing dilemma between professional commitments and protecting themselves or their family worsens the mental crisis, which may last for years manifesting as PTSD, subsequently manifesting as avoidance behavior, minimizing patient contact over years, while some may be deemed mentally unfit to join regular duties. A study from China reported it's prevalence to be 7%, predominantly affecting females with poor sleep quality.⁷

Additionally, dealing with uncooperative patients are increasing the stress of all HCWs, occasionally manifesting as irritability, excitability, and unwillingness to rest.

Even the dermatologists engaged solely private practice, are not immune to this mental turmoil. Eventually every pandemic ushers in an economic downfall.⁸ Home-quarantine results in economic loss promoting anxiety. The fear of uncertainty, death and all the above factor deteriorates the mental health of doctors, which may even lead to increased suicides.

This pandemic has generated mental health problems among doctors irrespective of their speciality. A multicenter survey involving 1563 Chinese medical staff, revealed depression in 50.7%, anxiety in 44.7%, while 36.1% and 73.4% developed insomnia other stress-related symptoms, respectively.⁹ This survey highlights the overlooked mental health status of doctors. However, we are fortunate to have technology like smartphones and internet, at our disposal; various online sites can be used to provide mental support in the form of psychological counseling or self-help interventions including cognitive behavioral therapy.⁹ We may not have solution to all problems, but it is important to address what we can presently, thus enabling health authorities allocate resources to ensure the mental well-being of the healers.

In conclusion, COVID-19 has resulted in severe mental distress of dermatologists, manifesting as fear, panic, anxiety, depression, insomnia, PTSD, and even suicide. As dermatology is not traditionally viewed as an "emergency" specialty, the mental health concern for dermatologists remains unaddressed. The authors recommend timely appropriate measures to address such concerns in dermatologists, at par with other HCWs.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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