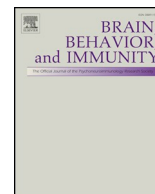




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## Letter to the Editor

## The emotional impact of COVID-19: From medical staff to common people



## ARTICLE INFO

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Dear Editor,

In March 2020, the World Health Organization (WHO) declared Coronavirus disease 2019 (COVID-19) a pandemic, pointing to over 110 countries and territories around the world where the coronavirus illness is present. Infectious disease outbreaks such as COVID-19, as well as other public health events, can cause emotional distress and anxiety. These feelings of distress and anxiety can occur even in people not at high risk of getting sick, in the face of a virus with which the common people may be unfamiliar. I read publications on “Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control” and on “Traumatization in medical staff helping with COVID-19 control” with a great interest (Li et al., 2020; Joob and Wiwanitkit, 2020). Li et al. reported how much people and medical staff suffer from vicarious traumatization and how this vicarious traumatization of non-front-line medical staff is more serious than that of front-line medical staff (Li et al., 2020). As in South and Southeast Asia countries, also in Italy, there are similar problems in medical staff due to high workload and intermittent lack of protective devices. In addition, some slight form of racism is demonstrated against health care professionals who potentially have a higher risk of being infected and between non-front-line medical staff towards front-line medical staff. We don't have to forget the many doctors and nurses were infected and many of them died due to COVID-19 infection. Also in Italy, local people also have high levels of stress due to no firm estimate of how long pandemic will last and how long our lives will be disrupted or whether or not we or our loved ones will be infected. Previous research has revealed a profound and wide spectrum of psychological impact that outbreaks can inflict on people (Lima et al., 2020). New psychiatric symptoms in people without mental illness can occur or aggravate the condition of those with pre-existing mental illness and cause distress to the caregivers of affected individuals (Kelvin and

Rubino, 2020). Most health professionals working in isolation units and hospitals very often do not receive any training for providing mental health care (Lima et al., 2020). Barbisch et al. (2015) described how the confinement “caused a sense of collective hysteria, leading the staff to desperate measures”. Suicidal cases were reported in India (Goyal et al., 2020) but also in other countries, Italy included, where two infected Italian nurses committed suicide in a period of a few days probably due to fear of spreading COVID-19 to patients. It is possible that fear and anxiety of falling sick or dying, helplessness will drive an increase in the 2020 suicide rates. In the United States (US), the COVID-19 Pandemic's New Epicenter, a dedicated Lifeline (the National Suicide Prevention Lifeline) was activated for emotional distress related to COVID-19 to prevent suicide.

## Declaration of Competing Interest

The author declares that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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