The landscape of the coronavirus disease 2019 (COVID-19) pandemic is rapidly changing, with new hot spots of concentrated coronavirus infections emerging across the US and around the world. Nearly every day, novel studies and insightful commentaries are being published by the JAMA Network and other leading biomedical journals. While the biology, epidemiology, prevention, diagnosis, and treatment of COVID-19 are the main focus of these reports, it will become increasingly important to study and address the health care needs of clinicians and other health care workers responding to the unprecedented demands of caring for patients with COVID-19.1,2

One of the first studies of mental health among clinicians and others caring for patients with COVID-19 was published last week in JAMA Network Open.3 In this study, more than 1200 health care workers from 34 hospitals in China providing COVID-19 care were surveyed from January 29 to February 3, 2020. At this time point, more than 10 000 patients in China had been diagnosed with COVID-19, particularly in Wuhan and the rest of the Hubei province. Lai and colleagues3 used Chinese-language versions of standardized instruments to assess levels of depression, anxiety, insomnia, and psychological distress among health care workers.

Across all these measures, frontline health care workers caring directly for patients with COVID-19 reported higher levels of severe mental health symptoms than those in secondary roles. In adjusted analyses, women were significantly more likely than men to report severe symptoms of depression, anxiety, and psychological distress. Because this survey was conducted at a single time point in the first country to be severely affected by the COVID-19 pandemic, it will be crucial to track mental health symptoms among health care workers over time in China and in all other countries that are similarly affected.

Many factors are contributing to the psychological distress of nurses, physicians, respiratory therapists, aides, and other health care workers providing direct frontline care to patients with COVID-19, such as the following:

- Emotional strain and physical exhaustion when caring for growing numbers of acutely ill patients of all ages who have the potential to deteriorate rapidly
- Caring for coworkers who may become critically ill and sometimes die from COVID-19
- Shortages of personal protective equipment that intensify fears of coronavirus exposure at work leading to serious illness4
- Concerns about infecting family members with coronavirus from workplace exposures, especially family members who are older, immunocompromised, or chronically ill
- Shortages of ventilators5 and other crucial medical equipment in COVID-19 hot spots that are rapidly becoming overwhelmed by critically ill patients
- Anxiety about assuming new or unfamiliar clinical roles and expanded workloads in caring for patients with COVID-19
- Limited access to mental health services for managing depression, anxiety, and psychological distress

As the pandemic wanes in the months ahead, these symptoms will subside for some frontline workers but persist for others. Mental health professionals will play a vital role in addressing the moderate and severe symptoms in frontline health care workers who experience depression, anxiety, and psychological distress as they provide acute care for patients with COVID-19 and seek to recover from these occupational hazards. Much of the needed mental health care may be provided through...
telehealth services, including video visits with mental health professionals, mobile apps, online resources, and virtual peer support. To sustain and restore frontline health care workers, health care organizations and researchers will need to monitor the mental health outcomes of clinicians and other health care workers over time and prioritize the mental and physical health needs and recovery of individuals caring for patients with COVID-19.

REFERENCES


