



Effect of COVID-19 Pandemic on Mental Health of Medical Students: Incite to Post-pandemic Response by Medical Educator

Dolapo Babalola*

College of Medicine, University of Ibadan, Ibadan, Nigeria

***Corresponding Author:** Dolapo Babalola, College of Medicine, University of Ibadan, Ibadan, Nigeria.

Received: July 08, 2020

Published: August 26, 2020

© All rights are reserved by **Dolapo Babalola**.

Keywords: *Medical Student; Mental Health; Pandemic; COVID-19; Psychosocial*

The pandemic caused by the novel severe acute respiratory syndrome coronavirus-2 has halted the education and clinical exposure of trainee medical doctors in medical education institutes as soon as the spread of the infection proved uncontrollable in the country or region that homes the medical school. In addition, lockdown and reduction of social contact is a needed measure imposed on medical students just like on other undergraduate academic students, regular citizens, and other facet of the socio-economic system [1]. And this is understandable due to the high infectious rate of the novel coronavirus, the need to safeguard the lives of medical students, and the need to keep medically unripe medical students off the frontline COVID-19 treatment risk, among many other reasons.

Out of academic environment, many a medical students are vulnerable, just like everybody else, to the mal-effect of lockdown that has thwarted their medical training- locked down that has been reported to be strict, long stretched and consecutive in some regions. For instance, New Zealand who in recent time announced the successful elimination of COVID-19 from Aotearoa New Zealand is a good candidate for a case study; the ministry of health imposed a whopping 33 days of strict lockdown that was consecutively followed by another less severe restriction that lasted for 42 days on her citizens, medical student inclusive [2]. The only aftermath of this narrative caused by the pandemic on medical students, highlighted in here, for the sake of the scope of this communication, is restricted to the mental health risk on medical students; and the proactive actions against it are also recommended in this letter.

Medical students are in danger of exposure to, and outright engaging, in mental health crisis risk factors especially during

times like this. A plethora of studies done in the past is enough to substantiate this claim. A study showed that commonness of depressive symptoms among medical student across the world was 27.2% [3]. Risk factors such as cigarette, drug use, addiction, alcoholism and sleep deprivation, all which can be exacerbated due to the imposed restriction and slit in the network of human psychosocial contact on medical student in their out-of- school abode, can be implicated in the prevalence of anxiety and depressive symptoms among medical students [4]. The social-economic class of the medical student is also a key risk factor of mental crisis; medical students from lower socio-economic strata especially in the developing countries, who are expectant breadwinners are prone to anxiety especially now that their graduation date is compulsorily extended [5]. As the pandemic has shown how weak the health care and emergency response system is, several reported cases of medical personnel contracting the virus on duty due to unavailability of personal protective equipments and eventually succumbing to it, there is a possibility that the medical students (final year students) may lose confidence, get discouraged and dissatisfied with their medical education [6]; this is not uncommon among first year and final year medical students [7].

Furthermore, the worries of resuming to the financial responsibility after being through a period of little or no opportunities to engage in economic activity that could generate fund due to lockdown can contribute to mental health crisis. Unlike, other degree, the cost of acquiring a Doctor of Medicine, MB, BS or other variant of degree in medicine does not come cheap. The restriction on activities is great threat to the financial cap of everyone, and medical students are no exception. And this is not to mention the cost of

housing, feeding and others; this could cause notable effect on the psyche of medical student, contributing to anxiety- a mental health crisis that has been highlighted, earlier on, in here.

All these necessitate the need for proactive action by medical teachers and administrators of medical schools around the world, post-COVID-19. When everything returns to normalcy (or manageable enough to allow resumption) and medical students resume training, there is need for multidisciplinary allied action between stakeholders in medical education, chiefs of medical institutions and faculties, medical student associations, and mental health experts (best if they are medical educators themselves so that they can serve the liaison role well) against the possible mental health fallout among medical students who have been exposed to mental health risk factors prior to resumption, taking cognizance of the peculiarities of the effect of a typical pandemic. A lot can be done: (1) deliberate survey of mental health risk factors among resuming medical students at every level of training, (2) putting in place a herd mental health intervention such as mental health talk to the end of engendering the knowledge of psychological and mental health self-help [8] (3) encouraging medical student, on resumption, to ask for help as regards mental health (4) performing a wake on the existing mental health facilities and program designed for medical students in various medical schools, around the mental health realities of a typical post-pandemic resumption. All these interventions and unlimited more will ensure that we are ready and willing to take action against the mental crisis fall out. Otherwise, if nothing is done as regards this, we can await mental health disease escalation, if students, fresh from the scourge of a pandemic, are subjected to medical training.

In conclusion, esteemed medical educators and all concerned stakeholders in medical students' mental health are called to respond to the possible psychological and mental health fallout when students resume back to school. Otherwise, we behold another mental health pandemic among those that will fight the pandemic of the future.

Declaration of Conflict of Interest

The author has no conflict of interest to disclose, and the letter has no financial support.

Bibliography

1. H Ahmed., *et al.* "COVID-19 and medical education". *Lancet Infection Disease* 20.7 (2020): 777-778.
2. Alert system overview| Unite for Recovery. (eskuratua eka. 15, 2020).
3. R Puthran., *et al.* "Prevalence of depression amongst medical students: A meta-analysis". *Medical Education* 50.4 (2016): 456-468.
4. LN Dyrbye., *et al.* "Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students". *Academic Medicine* (2006): 354-373.
5. XF Pan., *et al.* "Prevalence of depressive symptoms and its correlates among medical students in China: a national survey in 33 universities". *Psychology, Health and Medicine* 21.7 (2016): 882-889.
6. A Christensson., *et al.* "Self-reported depression in first-year nursing students in relation to socio-demographic and educational factors: A nationwide cross-sectional study in Sweden". *Social Psychiatry and Psychiatric Epidemiology* 46.4 (2011): 299-310.
7. F Brenneisen Mayer., *et al.* "Factors associated to depression and anxiety in medical students: a multicenter study". *BMC Medical Education* 16.1 (2016): 1-9.
8. Y Mao., *et al.* "A systematic review of depression and anxiety in medical students in China". *BMC Medical Education* 19.1 (2019): 1-13.

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

Website: www.actascientific.com/

Submit Article: www.actascientific.com/submission.php

Email us: editor@actascientific.com

Contact us: +91 9182824667