

## Risk of mental illness in doctors – A COVID 19 perspective

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Suicide claims nearly 800,000 lives every year globally in particular among 15-29 Years age group. Mortality of disease such as heart diseases, stroke and cancer have declined over the past 100years but suicide rate has remain unchanged. Mental illness is the cause of suicide resulting from inequalities, racism and poverty in certain circumstances can be appropriately termed as “fearful- demoralized”, further away from their work related goals.

Recent statement on racism and mental health stated by the President Royal College of Psychiatrist suggests traumatic interaction that can result in poorer self-esteem, internalized hatred, reflecting how adversity undermine resilience and ability to protest and Protect. This warns the need to practice psyche- social education. It is virtually impossible to dispense social prescribing, unless we understand our local communities’ inequalities by public engagement. There is need to include religion and mental health into psychiatric care. Measures of religious coping can be both positive and negative, provided how individual deploy good religious practice and other aspects of religious experiences.

There is a gap in management protocols when religion is not involved, it is rarely Part of Standard psychiatric assessment and treatment. Protocol for assessments ignore religious belief & there are few, intervention to take account of Religious & Spiritual beliefs.

Coronavirus -19 pandemic has changed every health professional Practices including psychiatry. The virus leaves a trail of delirium, depression, and Anxiety. Perhaps post traumatic disorder in those who survive.

The corona Virus -19 pandemic, research shows placed additional crises on doctors and greater Psychological distress elevated suicidal ideation, Thus following pandemic there could be a major crises of mental illness arise. It is also feared that the greater proportion of the medical and allied community might suffer.

Doctors Suicide rates 2 to 5 times higher than General population. But it is important to remember that the vast majority of doctors do not kill themselves. Most doctors thrive in their working Environment but post-COVID period might not be the same. As doctors work harder, they blame themselves for Not being able to deliver the care required by the patients and felt guilty for events beyond their control and can suffer from a “Triad of Guilt, low self-esteem and persistent. Sense of failure might prevail more than ever and suspected that the most doctors suffering post-COVID depression might take their own life.

In UK, around 1 in 5 adult has considered suicide, and 1 in 15 have attempted it. The thought of suicide is higher in Doctors compared with The General population. 60% of doctors observed to be reluctant to seek help, because of concern that it could affect their Medical license. Sadly doctors shows the high rate of Mental Health discrete and lower access to treatment. With inequalities, co-morbidities, aging process and long COVID illness at smirk, calls for need to improve response to mental health impact.

As a psychiatrist with over 60 year’s experience, in my opinion in such situation upcoming major mental health issue more modern approach where religion and standard psychiatric care may be combined. The new evidence based medicine might take a little more time for trial and testing but it is worth considering.