



Psychological Impact of Covid-19 and Mental Health Apps: A perspective on medical students

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AIM

To discuss the potential role of mental health apps as means of coping with psychological impact of covid-19 like anxiety and depression

BACKGROUND

Offering the perspective of medical students in the UK, we wish to add to the discussion regarding the use of mental health applications as a means of both coping and treatment. The COVID-19 pandemic poses a major threat to mental wellbeing and increases the risk of mental health problems like depression and anxiety (1). We agree that e health shows great potential in mental healthcare in a time where face to face treatment is unavailable. Currently, there is a lack of research demonstrating the coping mechanisms that medical students and FY1 doctors have used during the pandemic. Understanding these coping mechanisms is important because it helps us understand the needs of young healthcare professionals and shape the future of mental health care.

METHODS

We took part in a prospective, observational study to assess the effects of the COVID-19 pandemic on medical students and interim foundation year doctors across the UK. The participants completed a voluntary survey exploring the mood of the participants and coping mechanisms that have had a positive impact on mental health.

RESULTS

Over a 4-week period, a total of 2075 participants (Aged 18-59) responded from 33 medical schools, including 1909 medical students (92.0%) and 166 newly qualified doctors (8.0%). Results show an overall drop in the mood of respondents following the onset of the pandemic ($p < 0.0001$). Of 1886 participants, the most common activity reported to have supported mental wellbeing was staying connected with family and relatives using online tools (1595, 84.6%) and exercise (1590, 84.3%). On the other hand, the use of mental health apps was found to be the least common activity used by survey respondents to improve mental wellbeing (192, 9.3%).

DISCUSSION

Our study highlights an underutilisation of mental health apps by medical students and interim foundation doctors across the UK. Mental health applications can promote wellbeing where physical face-to-face support and monitoring by employers and medical schools is not possible. Moreover, such services can provide a platform for online consultations, group therapy and screening - whilst providing individual privacy, accessibility and reducing stigma of accessing mental health services (2,3). Thus, our study identifies a missed opportunity for the usage of additional mental health support by medical students and NHS staff - groups already susceptible to challenges with mental health and wellbeing (4). It is important to implement positive coping strategies in medical students and FY1. Doctors now as research shows there is a link between doctor wellbeing and patient outcome - suggesting doctors who are able to care for themselves are more able to care for others - this is especially important during the COVID-19 pandemic (5). This further highlights the importance of medical schools reaching out to students to monitor mental health through a mobile, digital platform.

CONCLUSION

More research must be done into the use of mental health apps in the NHS and medical students. We agree with Torous et al (6) in that utilization of telehealth and app tools during this pandemic will help shape the future of digital mental health care. We must be proactive in addressing challenges with mental health care provision, to prevent the development of a crisis in mental health care. Mental health applications are a means of coping that should be promoted in a time where physical communication is limited, more than any time before (7).

REFERENCES

1 Torous J, Jän Myrick K, Rauseo-Ricupero N, Firth J., 2020. Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow. *JMIR Ment Health*, 7(3):e18848

2 Brooks SK, Webster RK, Smith LE, Woodland, L., Wessely, S., Greenberg, N. and Rubin, G.J., 2020. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395: 912-20

3 Bhugra D, Sauerteig S, Bland D, Lloyd-Kendall A, Wijesuriya J, Singh G, Kochhar A, Molodynski A, Ventriglio A., 2019. A descriptive study of mental health and wellbeing of doctors and medical students in the UK. *International Review of Psychiatry*, 31(7-8): 563-568

4 Shembavenkar N., 2020. Going into COVID-19, the health and social care workforce faced concerning shortages. The Health Foundation. Retrieved 28 July 2020. <https://www.health.org.uk/news-and-comment/charts-and-infographics/going-into-covid-19-the-health-and-social-care-workforce-faced-concerning-shortages>

5 Wind TR, Rijkeboer M, Andersson G, Riper H., 2020. The COVID-19 pandemic: The 'black swan' for mental health care and a turning point for e-health. *Internet Interventions*, 20:100317

6 Whelan P, Stockton-Powdrell C, Jardine J, Sainsbury J., 2020. Comment on "Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow": A UK Perspective. *JMIR Ment Health*;7(4):e19547

7 Minford EJ, Manning CL., 2017. Current status and attitudes to self-care training in UK medical schools. *Journal of Compassionate Health Care*; 4(3)