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PRIMARY COLOUR

Helen Salisbury: Pandemic stress

Helen Salisbury *GP*

England is now in a second lockdown, this time for four weeks. Some patients with the virus in our local hospital require ventilation, but at much lower numbers than reported in the north of England.¹ At our surgery we're bracing for the new wave of coronavirus patients, but it hasn't yet arrived—perhaps because most of the recent cases are in young people, many of them students who have limited interactions with vulnerable adults.

I have no illusions that this will be anything other than a brief reprieve. Meanwhile, our mental health workload is growing. Patients are increasingly anxious—about their own health, or that of their relatives—and their fears are mostly well founded.

Many people are struggling to find work and are worried about rent and food bills; others are finding working from home particularly stressful. Apart from fulfilling the obvious need for an income, work provides conversation with colleagues and a change of scene. If all of your social interactions are done by computer and your commute is from the bedroom to the kitchen table, many of the pleasures of working life have gone. Patients tell me about the impossibility of switching off, having lost the spatial separation of work and home. They also report huge anxiety about job security, being afraid to take any breaks in case the boss should ring and find them not at their desk.

Some of their stress and anxiety rubs off on me: partly, this is worry about the developing pandemic and the discomfort of maintaining the brace position for weeks at a time. More immediately, however, it's the sinking feeling in response to "mental health crisis" as the reason for a call when I'm the duty doctor. If I'm to do this well it will take time, while more calls of variable urgency stack up (baby won't feed, chest pain, swollen knee). It's also because I question how much I can help. Pills are unlikely to be the answer, and although I can direct patients to the self-referral site for psychological therapy, they won't receive immediate support. What I can offer is listening, reassurance, and sometimes certified time away from work if patients aren't well enough to continue.

Adding to our stress is the knowledge that we're in our current dire position not because of the unavoidable nature of this virus but because of poor leadership and worse decision making. Looking to the East, to countries that have handled this pandemic better, with so much less loss of life and livelihood,^{2,3} it's hard not to be angry—but that isn't good for our mental health either. So, I try to smile behind my mask and to spread good cheer where I can.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Covid-19: Patient rise halts non-essential operations in Leeds. *BBC News* 2020 Oct 27. <https://www.bbc.co.uk/news/uk-england-leeds-54712153>.
- 2 Le Thuy T. Vietnam is fighting Covid without pitting economic growth against public health. *Guardian* 2020 Oct 20. <https://www.theguardian.com/mentisfree/2020/oct/20/vietnam-covid-economic-growth-public-health-coronavirus>.
- 3 Robert A. Lessons from New Zealand's COVID-19 outbreak response. *Lancet Public Health* 2020;5:e569-70. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30237-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30237-1/fulltext). doi: 10.1016/S2468-2667(20)30237-1. pmid: 33065024

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