

Letter to the Editor

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Insomnia, Suicidal Thoughts, and Mental Health Among Health-Care Workers During COVID-19

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Abstract

The COVID-19 pandemic has precipitated a significant mental health crisis among frontline healthcare workers (FHCWs), with increased reports of depression, anxiety, post-traumatic stress, insomnia, and suicidal thoughts. This letter to the editor responds to a recent study on the psychological burden among FHCWs in Mexico and presents complementary findings from Taiwan. We found that fear of COVID-19, trust in information, and resilience were significant factors contributing to mental health outcomes, including insomnia and suicidal thoughts, among outpatients, healthcare workers, and the general population during the pandemic. These findings suggest that mental health interventions for healthcare workers should consider these factors and include strategies for clear communication, stress management, and resilience building. Particular attention should be given to nurses and residents/fellows who seem to be bearing a disproportionate share of the psychological burden. Ultimately, understanding these contributing factors can guide the development of targeted interventions to support the mental well-being of FHCWs during the pandemic.

To the Editor,

I read with great interest the recent article by Lopez-Salinas et al.¹ in *Disaster Medicine and Public Health Preparedness*, which shed light on the prevalence of mental health symptoms, particularly depression, anxiety, posttraumatic stress, and insomnia, among frontline health-care workers (FHCWs) attending coronavirus disease 2019 (COVID-19) patients in Mexico. The authors' findings highlight the significant psychological burden borne by FHCWs, particularly nurses and residents/fellows, which underscores the urgent need for tailored interventions to support these vital health-care providers.

The results of this study resonate with our recent findings in Taiwan, as reported in *BMC Public Health*,² where we investigated the factors contributing to insomnia and suicidal thoughts among different populations during the COVID-19 pandemic. We found that greater fear of COVID-19 was significantly associated with suicidal thoughts across outpatients, health-care workers, and the general population. Furthermore, higher resilience was associated with lower insomnia, and lower trust in information was linked with increased suicidal thoughts among outpatients.

Our findings complement those of Lopez-Salinas et al. by suggesting additional factors that could be contributing to the mental health burden among health-care workers during the COVID-19 pandemic. It is crucial to consider the role that fear of COVID-19 and trust in information play in mental health outcomes. We also found a significant association between insomnia and suicidal thoughts in the general population, a finding which might extend to FHCWs.

Based on our findings, we suggest that trust in information, fear management, and resilience building should be integral components of mental health interventions for health-care workers. Mental health strategies could include clear and consistent communication about the pandemic and its risks, psychoeducation about stress and coping, and resilience-building exercises or workshops.

We also agree with the authors that specific consideration should be given to the needs of nurses and residents/fellows, who seem to be bearing a disproportionate share of the psychological burden. Tailored strategies might include additional support services, workload adjustments, and opportunities for rest and recuperation.

In conclusion, our respective studies underscore the complex interplay of factors that contribute to mental health outcomes among health-care workers during the COVID-19 pandemic. It is our hope that these findings will guide the development of targeted interventions to support the mental well-being of these critical frontline workers.

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