

## **AIIMS Students Wellness Centre Initiatives During COVID-19 Pandemic**

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For years, mental health has been an issue on medical campuses. Even before the COVID-19 pandemic, data sources showed a high prevalence of depression, anxiety, suicidality, and other concerns in medical student, resident and researcher populations. It is believed that a third of medical students, residents and researchers on campuses experience clinically significant emotional distress. However, less than 20% of those in need of services seek them. Preference for self-sufficiency and embarrassment (stigma) negatively impact the intention to seek help.

The COVID-19 pandemic impacted medical students, residents and researchers in overlapping but somewhat different ways. Closure of educational institutions and emergency distance-learning plans in the context of COVID-19 pandemic turned young people's routines and peer interactions upside down. Scholars feel stressed due to physical (social) distancing, stay-at-home policies, online classes, postponed practicals/bedsides/labs/OTs, fear of contagion, losses within the family, and uncertainty about the future. In many locations, large numbers of students were without reliable internet access. Some families were facing new or worsening financial hardship in the wake of the pandemic. Vulnerable student communities were disproportionately impacted. In addition, residents faced the risk of infection/quarantine/isolation, the discomfort of working with PPE kits for long hours, problems in communicating with patients, as well as morbidity and mortality, while on COVID duty. And they faced changing routines and overwork when not on COVID duty, because there were about half left to do all the routine work.

These stressors expectedly resulted in an increase in clinically significant distress (anxiety, depression, posttraumatic stress, grief, and loneliness) among scholars during the pandemic. Emphases on mental health interventions for students, residents and researchers were certainly relevant to these rapidly changing times.

### **Wellness perspective**

At the Students Wellness Services, we approached the mental health issues of scholars from a wellness perspective in the context of COVID-19 pandemic as it appeared more palatable to students and encouraged them to seek services as suggested by increase in Students Wellness Centre registration by over 250% compared to the previous year. In addition, the offered wellness interventions helped improve overall emotional well-being and fortify mental health.

**Table 1: AIIMS Student Wellness Activities during COVID 19**

Level	Activities
<b>Self-Help</b>	<ul style="list-style-type: none"> <li>• Online awareness lectures for students, residents and researchers</li> <li>• Online and In-person “Introductory Wellness Workshops” for students and residents (Mandatory)                             <ul style="list-style-type: none"> <li>○ The workshop covers a whole range of topics from lifestyle management (work-life balance, time management), mental health, suicide prevention, substance use related health, and prevention of sexual harassment on campus.</li> </ul> </li> <li>• Online Yoga and Meditation workshops for all scholars</li> <li>• Online Skills development workshops for volunteers                             <ul style="list-style-type: none"> <li>○ Stress Management: Covering a variety of topics to manage everyday stress, such as lifestyle management (sleep, exercise), time management, anger management, relaxation and mindfulness, self-compassion, self-confidence, and problem solving.</li> <li>○ Communication Skills: Covering topics like Verbal and nonverbal communication, Clinical communication and crisis management.</li> <li>○ Grief management workshops: Covering topics like bereavement and grief: dealing with unnatural death(s), dealing with suicide by public figures and dealing with death of patients.</li> </ul> </li> <li>• Language and Financial support (as per need)</li> </ul>
<b>Community Support</b>	<ul style="list-style-type: none"> <li>• Wellness Buddies Programme for peer support                             <ul style="list-style-type: none"> <li>○ Online Peer Support Training</li> <li>○ Online Awareness raising</li> </ul> </li> <li>• Mentoring for students by Faculty and AIIMSONIANS (Alumni Group)</li> <li>• Online Hobby Clubs (10): Art, Academic Support, Comedy, Chess, Cooking, Dance, Music, Photography, Quiz, Writing</li> <li>• Online “The White Coat and Other Stories” inspirational talk series</li> </ul>
<b>Students’ Wellness Centre (SWC)</b>	<ul style="list-style-type: none"> <li>• Counseling and psychotherapy (online and in person at 4 sites): Services extended to Sundays at one site</li> <li>• M(obile)-helpline (24X7)</li> <li>• E(mail)-helpline (24X7)</li> </ul>
<b>Department of Psychiatry</b>	<ul style="list-style-type: none"> <li>• Emergency support (24X7)</li> <li>• OPD, Ward (General, Private)</li> </ul>

### Telehealth

In the current pandemic with many students being off-campus and the need to maintain social distancing among the rest, online wellness programs were felt to be more relevant for reaching students, researchers and residents and attending to their wellness needs from a distance. Such modalities were attractive even to scholars whose reason for not seeking help include embarrassment, worry about harm to one's academic career, wanting to handle problems on one's own, and uncertainty about treatment efficacy. Whereas exclusive remote learning will

probably cease after the use of vaccination against corona virus becomes widespread; there may be longer lasting benefits for willingness to engage in wellness programs online.

### **Levels of care**

The Students Wellness activities were envisaged in four levels: Self-Help, Community Support, Occupational Health Unit for wellness protection, outreach, and integration (Students' Wellness Services), and Professional Services (Department of Psychiatry) for treatment and rehabilitation. (Table 1)

In addition to the above, the wellbeing of residents was supported through integration of mental health and psychosocial approaches during work assignments and isolation situations; and through engagement with community leaders to mitigate stigma and ostracization in their place of stay. Efforts were made to increase awareness of the prevalence of emotional distress at workplace, promoting positive coping strategies and reducing stigmatizing attitudes towards mental illness among health professionals. When residents' groups/departments approached SWC regarding burnout, focus groups meeting were conducted and steps suggested to mitigate the same through multiple levels of feedback and collaboration between residents, faculty and administration.

### **Conclusion**

Medical scholars experience high levels of stress that may compromise their overall wellbeing, and they are particularly stressed during the COVID-19 pandemic. Interestingly, wellness programs seemed to engender less stigma and were perceived as a more acceptable approach for meeting scholars' mental health needs. In the context of COVID-19, novel modalities of administering these programs were necessary, but they may continue to be beneficial even after the pandemic for increasing the reach of these programs.