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## **MODULE FOR THE PSYCHOLOGICAL ASSESSMENT OF THE MENTAL AND EMOTIONAL STATE OF THE MEDICAL STAFF DURING THE COVID-19 PANDEMIC**

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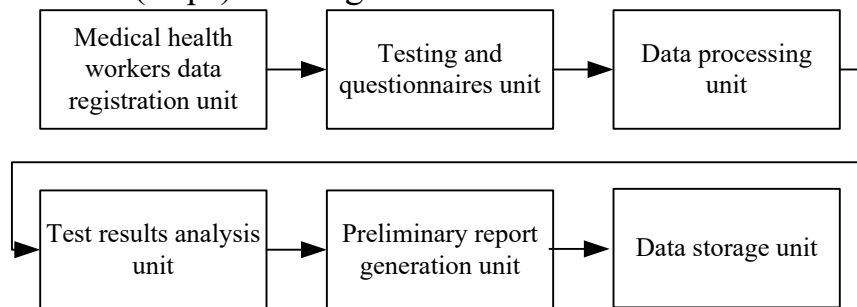
Due to the challenging epidemiological situation in the world medical staff had high prevalence rates of severe insomnia, anxiety, depression, somatization, and obsessive-compulsive symptoms. Thus, the presence of these symptoms in addition to the life status of daily fighting against COVID-19 suggests that they must cope with psychological distress and are at risk [1]. Stress is associated with difficulty in falling asleep, restless sleep, early morning awakening, lack of energy, dizziness, generalized anxiety, irritability, sadness, demoralization; significant impairment in social or occupational functioning; and feeling overwhelmed by the demands of everyday life [2].

The reasons for the psychological distress to which medical health workers were exposed might be related to the many difficulties of being safe at work, such as the initially insufficient understanding of the virus, the lack of prevention and control knowledge, the long-term workload, the high risk of exposure to patients with COVID-19, the shortage of medical protective equipment [2-3], the lack of getting rest [4], and the exposure to critical life events [4], such as death.

Our research work and review specialized medical references allowed to find potential risk factors for medical staff: insomnia, anxiety, depression, obsessive-compulsive symptoms and somatization. These risk factors might force allostatic overload and favor the development of psychopathology, including chronic insomnia [1-4]. There are different psychological methods and tools for testing and assessment mental, psycho-emotional state and psychomotor skills of patients, children, students, teachers, drivers, pilots, military, doctors etc [5-13].

We developed a program module for the automated testing mental and emotional state of medical health workers for verifying whether allostatic overload develops (exhaustion may ensue after some time) and whether psychiatric disorders, especially posttraumatic stress disorder, might occur with the COVID-19 progression.

Psychological assessment was based on an online survey and on self-report tools. Fig. 1 shows 6 series units (steps) of using module.



**Figure 1 – A block-diagram of the developed program module for assessment of the mental and emotional state of the medical staff**

In conclusion, a higher prevalence of psychological symptoms was found among medical staff during COVID-19 as well as risk factors for them. Medical staff requires health protection and adequate working conditions. For example, provision of necessary and sufficient medical protective equipment, the arrangement of adequate rest, as well as recovery programs aimed at empowering resilience and psychological well-being. The use of clinical methods is encouraged in future studies to draw a more comprehensive assessment of this actual problem.

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