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Correspondence

The Hidden Mental Health Crisis of Antimicrobial Resistance: Time for Action

Yusuff Adebayo Adebisi¹ David Bamidele Olawade² Azeezat Fajembola³

1. Nuffield Department of Population Health, University of Oxford, Oxford, Oxfordshire, United Kingdom
2. Faculty of Life Sciences and Education, University of South Wales, Wales, United Kingdom.
3. Women in Global Health, Nigeria

Corresponding Author: Yusuff Adebayo Adebisi; yusuff.adebisi@stx.ox.ac.uk

The global health crisis of antimicrobial resistance (AMR), wherein microbes develop resistance to medications intended to destroy them, is escalating at an alarming rate.¹ This critical public health issue is already causing approximately 700,000 deaths annually, potentially rising to 10 million deaths per year by 2050.¹ In the face of these shocking statistics, one less-discussed repercussion of AMR merits immediate attention: its impact on mental health.

Patients dealing with antimicrobial-resistant infections often face heightened feelings of fear, anxiety, and depression, as their health prospects remain uncertain.² These conditions may exacerbate pre-existing mental health issues or even trigger new ones. Furthermore, the enforced isolation and loneliness, along with lifestyle restrictions these patients undergo, could lead to severe psychological distress in them and their caregivers.³ The uncertainty of the disease trajectory, poor prognosis, and limited effective treatment options can contribute to the gravity of the mental health crisis. In parallel, the global medical community is experiencing rising stress levels. Medical and paramedical professionals are fighting an invisible and relentless enemy, armed with diminishing weapons. This intense pressure significantly contributes to burnout, disillusionment, and even mental health issues among health-care workers.⁴ The consistent struggle with AMR may lead to feelings of helplessness and hopelessness, eroding their mental resilience. The rise of antimicrobial-resistant infections also poses a significant threat to the general public, driving fears about the potential for untreatable diseases. This fear and uncertainty can increase societal anxiety and stress levels. Additionally, as health-care resources are increasingly diverted to combat these resistant infections, there could be a decrease in the quality and availability of health-care services for other conditions.

Short, intermediate, and long-term solutions to this hidden crisis demand concerted, multidimensional strategies. There is a need to incorporate mental health support as a vital part of the treatment plan for patients dealing with drug-resistant infections. This approach can include therapy, counselling, peer support groups, and psychiatric medication if required. For health-care professionals, organizational and systemic measures should be implemented.⁵ These could include fostering a supportive work environment, implementing appropriate staff to patient ratios, ensuring access to mental health resources, and promoting coping mechanisms like mindfulness and resilience training. Online therapy sessions, mental health apps, and digital peer support platforms could also play a vital role in providing psychological support to affected patients and overworked healthcare professionals alike. These interventions, along with traditional mental health services, could significantly bolster our capacity to address the burgeoning mental health crisis tied to AMR. The recommended staffing ratios and mental health resources can be operationalized by adopting policies recommended by relevant authorities such as the World Health Organization and integrating them into the healthcare system. Funding for these initiatives could come from a combination of governmental health budgets, philanthropic contributions, and hospital administrative budget allocations, with the responsibility for implementation and oversight falling to both health management organizations and governmental health departments.

We must also escalate efforts to combat AMR itself. This requires strong international cooperation, substantial investment in research and development for new antibiotics, strengthening infection surveillance, prevention, and control, and promoting judicious use of existing antimicrobials. Public awareness campaigns about AMR and its mental health implications are vital to address the stigma around both issues. Policymakers need to acknowledge and act upon the intertwining of these two crises, fostering public discourse, and facilitating health literacy. Above all, we need a paradigm shift in our perspective towards mental health in the face of AMR across all socio-economic levels from the global south to the global north. Mental health and physical health are not two separate entities but are interconnected intricacies of the human condition, losing one is losing both. Acknowledging this will bring us a step closer to a more holistic, effective health-care system.

The urgency to address the mental health implications of AMR is undeniable. It is a silent catastrophe unfolding in the backdrop of the global health arena. This impending crisis requires us to unite our efforts, resources, and wisdom. Ignorance is no longer an excuse; it is time for action.

We declare no competing interest.

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