A total of 35 patients had a positive past psychiatric history, out of which 17 were on maintenance psychotropic medications. Insomnia was the commonest psychiatric symptom (n = 65), followed by anxiety (n = 52), agitation (n = 42), depression (n = 39), changes in appetite (n = 32) and irritability (n = 30). The principal psychiatric diagnoses made were delirium (n = 29), acute stress reaction or adjustment disorder (n = 25), depression (n = 16), mania (n = 15), anxiety (n = 14), non-affective psychosis (n = 13), and dementia (n = 6). Approximately half of the patients with mania or non-affective psychosis had it as their first-onset disorder. **Conclusion.** SARS-CoV-2, in both symptomatic and asymptomatic patients, is associated with a wide range of psychiatric morbidity which emphasizes clinicians' vigilance for psychiatric symptoms. Insomnia was the commonest neuropsychiatric symptom which may have clinical practice and potential preventive strategies implications.

Delirium, the commonest diagnosis in the study carries high morbidity and mortality and may reflect SARS-Cov-2 propensity to affect the brain directly and indirectly through a cytokine storm, organ failure, and prothrombotic state. Patients can also present with new-onset mania or non-affective psychosis. It is noteworthy that about two-thirds of the patients had no past psychiatric history.

This study, along with expanding body of evidence may assist with resource allocation and liaison psychiatry services planning. It also underscores the importance of designing future studies to better understand longer-term psychiatric sequelae of COVID-19.

## Impact of COVID-19 on the mental health of healthcare workers in different regions of the world

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**Aims.** The global health system is facing a serious challenge after the recent outbreak of COVID-19 coronavirus infection which was first identified in Wuhan, China in November 2019 and declared as a pandemic in March 2020 by WHO. There is a wide consensus that this pandemic has negative psychosocial consequences as well as unforeseeable provision of mental health care services and just not on physical health alone. The aim of this research study is to determine the prevalence of psychological distress and to identify the sociodemographic variables with the main attributable factors associated with the psychological distress among healthcare workers and suggestions on how to reduce the impact on the mental health of healthcare workers during the COVID-19 pandemic in different regions of the world.
**Method.** We performed a cross-sectional study from September-November 2020. We used a self-administered survey tool which was distributed electronically to healthcare workers across the globe. The data were stored on an online database with password protected devices where survey responses were restricted to investigators exclusively.

Data collected were: 1) Socio-demographic data (age, gender, marital status, ethnicity, religion, role in the healthcare, region of practice); 2) Psychological General Well-Being Index (PGWBI) questionnaire which contains 22 standardized items. This is a subjective assessment to score the degree of psychological well-being by focusing on 6 domains: depression; anxiety; positive-well-being; self-control; vitality and general health; 3) Subjective assessment from respondents of the main attributable factors causing psychological distress and suggested methods to help reduce the impact on mental health on health care workers.
**Result.** Majority out of the 217 respondents were from a younger age group; females and married/domestic partnership, mainly from Western Pacific Region, South East Asian and the African Region. More than half the respondents were moderate-severely psychologically distressed and the three main attributable factors causing psychological distress were: fear of family/friends contracting COVID-19 followed by lack of PPE and discomfort caused by wearing PPE for long hours. Respondents suggested that the distress would be reduced if: more resources were provided in hospital; protocols and guidelines were implemented and counselling facilities with recreational activities were available to frontline workers.
**Conclusion.** This study showed that the COVID-19 pandemic has affected the mental health of healthcare workers and more support or strategies need to come in place to protect frontline workers at the time of crises.

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