At the epicenter of the COVID-19 pandemic, mental health at the forefront of care for COVID-19 patients has taken a significant toll on the mental health of health care workers at the front lines.\(^1\) \(^2\) We examined the prevalence and predictors of contemplating suicide or self-harm among residents at the epicenter of the COVID-19 pandemic.

We conducted an anonymous survey of internal medicine residents at a safety net hospital in New York City from April 10 to 15, 2020, to assess resident working conditions, health status, and personal stressors. Our outcome was thoughts of suicide or self-harm, as measured by responses to the question “Have you contemplated suicide or self-harm since the start of the COVID-19 pandemic?.” We used Fisher’s exact test and the Mann–Whitney U test to evaluate differences in characteristics of those who did and did not report contemplating suicide or self-harm.

The majority of the 54 residents invited to participate in our survey were men (72%) and international medical graduates (79%). The 39 respondents (72% response rate) reported caring for a median of 20 patients daily (interquartile range [IQR] 10 to 25) and working 25 (IQR 20 to 27) of the last 30 days and 80 hours (IQR 70 to 90) per week. Eighteen (46%) reported symptoms they attributed to COVID-19 in the last 60 days, and 9 (23%) reported underlying mental conditions. Residents had high levels of student debt (median $170,000, IQR 0 to $425,000), and 15 (39%) had children or dependents (Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B30).

Nine (23%) residents reported contemplating suicide or self-harm since the start of the COVID-19 pandemic. There were no statistically significant differences in working conditions, health status, or personal stressors between residents who did and did not report contemplating suicide or self-harm. Residents with thoughts of suicide or self-harm had more student debt than those without such thoughts (median $400,000 vs $50,000, \(P = .12\)), but this difference did not reach statistical significance (Supplemental Digital Appendix 2 at http://links.lww.com/ACADMED/B30).

In summary, we found that more than 1 in 5 resident physicians at a safety net hospital in New York City reported contemplating suicide or self-harm during the COVID-19 pandemic. Residents had substantial work and life stressors, including a high patient census and hours worked per week, personal illness and preexisting medical conditions, children/dependents, and student debt. Our results are limited as this was a single-center study with a small sample size, reflecting the particular context of this urban, community-based residency program.

Residency represents a vulnerable window for mental health in the physician life cycle, and suicide accounts for a significant proportion of resident deaths.\(^3\) Our data suggest that policies must be implemented to protect trainee safety in unprecedented working conditions related to COVID-19, before there are devastating consequences for resident well-being.

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Support for Early-Career Female Physician–Scientists as Part of the COVID-19 Recovery Plan

To the Editor: Early-career (EC) female physician–scientists are an endangered group within the physician workforce. Caregiving responsibilities contribute to gender disparities for this group,\(^1\) and the sudden loss of caregiving support during the COVID-19 pandemic is an exacerbating stressor. To retain EC female physician–scientists in academic medicine during this unprecedented time, immediate action is required by professional organizations, academic institutions, and funding agencies.

The pandemic has disproportionately impacted female scientists, with the greatest decline in time spent on research observed among female scientists with young children.\(^2\) With less time to devote to research, findings that female scientists with children have been less productive are not surprising.\(^3\) Furthermore, productivity of Black female scientists, with and without children, was particularly affected during...