

Beyond the pandemic: The case for removing obsolete COVID-19 signage in clinical spaces

Fraser Walker¹ & Graham Walker²

¹Psychiatry Core Trainee, NHS Scotland

²Psychiatry Registrar, Clinical Lecturer in Child and Adolescent Psychiatry – University of Glasgow, NHS Scotland

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As we near the end of 2025, several years after the most disruptive phase of the COVID-19 pandemic, we write as psychiatry trainees in Scotland to draw attention to a neglected but significant feature of the post-pandemic clinical environment: the persistent presence of outdated COVID-19 signage. Resident doctors in the National Health Service (NHS) routinely rotate across sites, offices, rest facilities and wards as we progress through training (Best, 2024). It is our reflective observation that faded mask wearing guidance, social distancing labels and conflicting laminated instructions continue to adorn walls, corridors and doors of NHS facilities long after the acute pandemic emergency has passed.

From a psychiatric perspective, these material artefacts are not simply neutral decorations. They may become environmental reminders capable of provoking psychological arousal, sustaining background hypervigilance among staff repeatedly exposed to these cues, particularly those for whom the pandemic was a period of considerable distress (Sattar et al., 2024). Increased rates of Post Traumatic Stress Disorder, Depression and Anxiety Disorders have been described among healthcare workers who were involved in the COVID-19 response (Dragioti et al., 2022; Dunjic-Kostić et al., 2022), and ongoing visual reminders in the workplace may worsen the psychological burden and impact on emotional recovery. The consequences of working during the COVID-19 pandemic include feelings of burnout and compassion fatigue (Franza et al., 2020; Garnett et al., 2023), highlighting the need for assertive support to those affected.

We also considered how encounters with these leftover signs may impact our patients. Contradictory or obsolete messaging can adversely affect trust and erode institutional credibility (Kalyan et al., 2024). Within the framework of psychiatry, this could result in institutional transference, which may in turn have consequences for therapeutic alliance and engagement with a treatment programme (Sholevar et al., 2023). If the patient environment appears outdated or neglected, patients may interpret this as stagnation and symbolic neglect towards them.

The persistence of these signs reflects both practical and psychological dynamics. During the height of the pandemic, healthcare environments changed rapidly to reflect changes in national laws, restrictions and regional policies (Cairney, 2020). Unfortunately, the removal of these materials has not been

afforded the same urgency. The responsibility for the physical environment within the NHS is typically dispersed across various teams, loosely within the remit of estates, facilities, and clinical teams, creating a diffusion of responsibility (NSS Health Facilities Scotland, 2021). From a psychodynamic perspective, organisations may defend against painful reflection with a reluctance to change the environment. This dynamic can perpetuate the sense of an unresolved crisis, normalise a prolonged state of emergency and reinforce demoralisation of the workforce.

We therefore advocate that removal of COVID-19 signs and guidance should be integral to clinical governance and workforce recovery. We suggest that a pragmatic approach could involve informal environmental audits to identify obsolete COVID-19 material and facilitate removal from both patient facing areas and staff facilities.

It is important to note that this is not a call to abandon enduring and important infection-prevention messages that were learnt as a result of the pandemic response. Core prompts such as hand hygiene remain a key part of everyday clinical practice. We argue that COVID-19 signage must be evidence based and contextually appropriate rather than relics of historic emergency public health measures. Proactive removal of these signs is a low-cost intervention and can be symbolically potent while facilitating collective catharsis among staff.

Conflict of interest: None declared

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Correspondence:

Graham Walker, *Psychiatry Registrar, Clinical Lecturer in Child and Adolescent Psychiatry – School of Health and Wellbeing, Clarice Pears Building, 90 Byres Road, Glasgow, G12 8TB*
graham.walker@glasgow.ac.uk

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The impact of housing conditions and nutritional quality on the psycho-emotional state of young internally displaced persons during the Russo-Ukrainian war: The role of secondary stressors

Kateryna Prylipka, Larysa Herasymenko, Rustam Isakov, Pavlo Kydon, Oleksii Kazakov

Poltava State Medical University, Ukraine

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Dear editor,

The full-scale war in Ukraine has triggered one of the largest waves of internal displacement in modern European history. Youth represent a particularly vulnerable category in this context, as their socialization and professional development have been disrupted by traumatic experiences (Zhdan et al., 2022; Kydon et al., 2024). While the mental health of internally displaced persons (IDPs) is traditionally examined through the lens of direct exposure to combat, contemporary psychological and psychiatric science increasingly emphasizes the critical role of secondary stressors – the environmental conditions individuals encounter following evacuation (Miller & Rasmussen, 2017; Herasymenko et al., 2020). The scientific novelty and relevance of this study stem from the necessity to re-evaluate the hierarchy of psychotraumatization factors. For young people who have lost their familiar environment, housing conditions and nutritional quality cease to be merely socio-economic indicators; they become fundamental determinants of psychological

resilience. A lack of private space, prolonged stays in collective centers (shelters), or substandard sanitary and hygienic conditions exacerbate feelings of depersonalization and a loss of control over one's life (Riva et al., 2022). For youth striving for autonomy, these factors serve as potent triggers for depressive states. Stable access to high-quality nutrition is not only a physiological necessity but also a cornerstone of stability (Horovitz, 2025). Disruptions in dietary patterns or nutritional deficiencies, combined with chronic stress, activate anxiety mechanisms and deplete the cognitive resources required for adaptation in a new location (Tsuber et al., 2014).

The aim of the study is to establish the impact of housing/living conditions and nutritional quality on the psycho-emotional state of young internally displaced persons during the Russo-Ukrainian war.

The study involved 97 young women and men with the status of IDPs. The age of the participants ranged from 18 to 24 years, with a mean age of 20±2 years.