Mental Health Participation in the Fight Against the COVID-19 Pandemic

At the time of this writing in mid-April 2020, the COVID-19 pandemic continues to ravage the world and take its toll on the health and welfare of millions of infected individuals, and billions of others – family members, friends, healthcare workers, unemployed individuals, and the rest of us reading the news and watching from the sidelines. Many mental health professionals have taken on central roles in the response to this crisis, some planning how to care for hospitalized seriously mentally ill patients (Druss, 2020), some working on consultation-liaison services which have assumed critical psychological health and well-being functions for patients and their families (Arango, 2020), and others manning the front lines of Emergency Department psychiatric services.

Many of us watch from, relatively speaking, the sidelines. Some are fortunate enough to continue doing our jobs via telehealth (in the case of patient and client care) or on-line meetings and lectures (in the case of research and academia). You may wonder if you should be doing more. And what might that “more” be? For clinicians there are, in many places, opportunities to provide volunteer mental health services to our colleagues on the front lines, to the many nurses and cardiologists and emergency medicine docs and pulmonary therapists and food service workers who can’t do their work remotely. We can also reach out proactively to our friends and colleagues who we know are in dire straits. As mental health professionals, it’s not that we have special wisdom on how to avoid exposure to the novel coronavirus or how to avoid illness once infected. But we do know a thing or two about managing stress, about the importance of de-catastrophizing, about the benefits of sleep and the adverse effects of too much alcohol. We can share this knowledge with our peers, friends and families.

Those who work in academia and research can also do their share. The effects of the novel coronavirus on central nervous system function are only now being recognized, and more research is sorely needed. It goes without saying that this pandemic – the illness itself, the effects of quarantine, and the impact of ICU stays (Sareen et al., 2020) and ventilation for some – will leave emotional scarring in its wake. We will see some first responders, family and professional caregivers, and survivors of COVID-19 struggle with posttraumatic stress disorder, major depression, substance abuse and other behavioral health sequelae that have followed other pandemics (Holmes et al., 2020). We should advocate for immediate funding to carry out the studies requisite to determining how many are affected, who is most vulnerable, and what services are needed. The impact of the pandemic on rates of suicide is unknown, and appropriate surveillance and the possibility of emergent intervention is a must. Learning several years after the fact that suicide rates have gone up (if they do) would be a tragedy, one that must be forestalled.

Many of you reading this editorial are already doing this and more, on the front, middle- and sidelines of the pandemic. On behalf of the editorial board of Depression and Anxiety and our Deputy Editors, we thank you and please stay well.

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