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COMMENT

The challenges of planetary mental health in the COVID-19 era

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Abstract. As the focus of the COVID-19 crisis is gradually taken away from emergency healthcare needs, increased attention is warranted on the psychological impact of the pandemic on a global level. Existing guidance on managing the COVID-19 related distress needs to be better informed by upcoming larger-scale research. Applying e-Health can be useful in dealing with the immediate psychological needs, while developing strategies to identify vulnerable populations and shifting the provision of mental health and social care to community services need to be prioritised when looking at the future. Focusing on global mental health during this universal crisis is an opportunity for promoting a more compassionate and less discriminating society.

While COVID-19 continues its lethal spread (1) and the focus on dealing with the immediate healthcare needs is reducing, it is increasingly important to acknowledge the significant psychological burden on global mental health. The stress surrounding COVID-19 ('COVID-stress') has not only been affecting the mental well-being of individuals and local communities (2); it has created an almost global psychological distress (3). Although it is nearly half a year into the pandemic, we are still steering through uncharted waters, whilst the endpoint of COVID-19 is still not in sight. The anxiety stemming from the inability to neither 'fight or fly' away from the virus and the mourning of the loss of our everyday routine

and feeling of safety continue to be prevalent. As the crisis becomes more prolonged, this comes along with an estimated increase in mental health problems (3). As a result, it becomes increasingly important to focus our attention on the largest public mental health crisis of our generation, drawing on lessons being learnt, applying fast-tracked, efficient and innovative interventions and building on opportunities arising from this unparalleled challenge.

Guidance by the World Health Organisation (WHO) and governments around the world on dealing with psychological distress in the COVID-19 era seem not to be enough. Although emerging literature already highlights the detrimental psychological impact of COVID-stress in the general population and vulnerable groups (healthcare workers, elderly, children, people with pre-existing physical and mental health problems) (4-7) the unprecedented magnitude of this pandemic means we need substantially additional and well-planned research to better understand the short- and long-term severity of COVID-19 related mental health problems and how to deal with them. The better evidence-based knowledge will allow the public health authorities better planning and transition of care plus proper allocation of relevant resources. Fortunately, numerous studies are underway in many different countries, including large international efforts investigating the impact of COVID-19 on mental health during and after the pandemic (8).

Focusing on the immediate psychological impact of the crisis through timely and efficient interventions, including convenient and inexpensive e-Health strategies, such as interactive telemedicine along with synchronous and asynchronous social media and virtual care tools (9) is of utmost importance. Dealing with the individual and collective trauma associated with the pandemic is essential; however, it should be done by integrating in our approach the specific culturally relevant care needs, existing socioeconomic inequalities, and complexities of co-existing mental health problems (10). Increasing aware-

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ness and acknowledging common behavioural patterns in times of uncertainty, including fear of the unknown and ingrained societal norms, is essential to facilitate positive behavioural change and address potential ‘pitfalls of judgement’ (11).

In the longer term, identifying the most vulnerable groups at risk of mental health deterioration is a priority; in light of this there have been calls to shift focus to population based screening (using psychiatric screening questionnaires in primary care and technological-savvy approaches) rather than an individual based approach (3). Although this is welcome, it needs to be carefully balanced with the need to keep the individual patient in the centre of care (12), whilst looking after those, i.e., the healthcare staff, who care for them (13).

The need for reorganisation of mental health services on a global scale, in order to be able to accommodate the increased needs of the population is becoming more apparent. WHO has called for increased financial investment in global mental health to build a ‘fit for the future’ mental health system, suggesting an increasing shift of mental health and social care towards community services, and inclusion of mental health conditions in health insurance coverage (14). The scientific community and more specifically the medical societies can play a pivotal and protagonistic role in this quest. We need healthcare systems that offer sustainable, holistic, evidence-based, tailored to the individual and beyond the short term mental health care.

The complex social, psychological and humanitarian challenges of this ongoing pandemic require a mental health focus on a global level. The universal nature of this biothreat, against which we are all emotionally vulnerable, regardless of gender, skin colour, religion or ethnicity is an opportunity for global mental health not only to be reshaped, but also to be placed in the epicentre of a larger social transformation (15), aiming for a world with less prejudice, discrimination and stigma. Amidst this novel, unequalled crisis, focusing on planetary mental health means promoting a more compassionate society (16).

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Authors' contributions

KT wrote the original draft, edited and critically revised the manuscript. GD contributed substantially in the writing of the manuscript, critically revised and edited the manuscript. ES, ER, DT, CS, IAD, DAS and CM critically revised and edited the manuscript. All authors substantially contributed to the conception, writing and revision of the work and approved the final content of the manuscript.

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Not applicable.

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Competing interests

DAS is the Editor-in-Chief for the journal, but had no personal involvement in the reviewing process, or any influence in terms of adjudicating on the final decision, for this article. The other authors declare that they have no competing interests.

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