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Why psychiatric treatment must not be neglected during the COVID-19 pandemic

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The COVID-19 pandemic is related to inefficient risk assessment by the Chinese Government, which hampered efforts to contain the virus.¹ Strategies for controlling the current situation are still not efficient for mass diagnosis, clinical approaches or prevention. Government efforts and healthcare practice have been directed to central aspects of the pandemic. For example, one discussion trend is severe acute respiratory syndrome, including its implications for the public health system and its economic and social impact.²

In the current crisis, mental health actions should not be forgotten or postponed. As highlighted by Silva et al.,³ these actions include behavioral measures to facilitate social distance, identifying cognitive mechanisms and decision styles that can increase risk exposure, as well as the mental health care of professionals who deal directly with the consequences of the pandemic. Moreover, care must be prioritized for psychiatric patients, who, due to stress, are at considerable risk of clinical worsening. A widespread worsening of psychiatric symptoms during the current crisis could contribute to the collapse of the health system. Ornell et al.⁴ highlight public policy actions (e.g., developing psychoeducational materials for the general population) and individual actions (e.g., monitoring dysphoric symptoms, maintaining social support networks) that can be taken. They also highlight the need for care and attention to particular groups (e.g., psychiatric patients), as well as actions that institutional health centers can implement to manage mental health during the pandemic. It is evident that mental health is an issue of immediate interest in this crisis, and postponing attention to it could be a serious error.

We are greatly concerned about initiatives that classify mental health and psychiatric hospital care as a secondary issue. For example, in Minas Gerais, closing the hospitalization and emergency care unit of the Hospital Galba Veloso is on the government's agenda. The high prevalence and functional impact of psychiatric disorders could increase in severity and incidence in the coming weeks, leading to an increase in demand for psychiatric emergency services. In addition, many patients in acute settings may not be able to understand or cooperate with the need for isolation and quarantine, especially those who suspected of being infected with COVID-19. Since such patients may require hospitalization in a psychiatric ward or in isolation, decreasing the number of beds may lead to further spread of the disease.

Apart from threats of bed closures and ending emergency care, psychiatric hospitals must be prepared to provide social support during the crisis. As pointed out by Zhu et al.,⁵ psychiatric hospitals must have a specific approach for dealing with segments of the population that need additional attention, including hospital resource management strategies, different types of mental health intervention, and guidance for the family members of COVID-19 victims. In this time of crisis, when effort is required in many areas, investing in the mental health of psychiatric patients and the general population is not a luxury.

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