

The relevance of COVID-19 pandemic to psychiatry

The ongoing coronavirus disease 2019 (COVID-19) pandemic has several aspects of psychiatric interest and relevance.

It should be first noticed that a pandemic of such proportions was largely unexpected in Western countries, where people generally believe that modern health systems, available medications and healthy lifestyles should allow them to cope with any kind of aggressive agents. This event undermined the sense of safety of our societies, where progress is often considered relentless, life increasingly better and longer, epidemics just a waning memory of past centuries, and death is removed and generally considered a private event. The pandemic is promoting a mounting awareness of our intrinsic vulnerability.

Indeed, the progression of the pandemic has been facilitated by one of the most salient characteristics of our societies: the interconnections between countries and the easiness to travel with affordable budgets. This means that there is no barrier that cannot be overcome or pierced, and that a total isolation is impossible. Ironically, isolation has become the most effective strategy to slow the progression of the pandemic, as demonstrated by the China experience.

People have now to abruptly face significant changes in their everyday life, working models and social behaviours. It is not surprising that several individuals are showing acute fight-or-flight responses, such as increased anxiety levels, panic attacks, irrational fears up to paranoid-like convictions and related behaviours, or a quiet resignation¹. Assaulting supermarkets to buy enormous amounts of food to be stored, like during war periods, as well as visceral reactions towards specific groups of people or individuals with symptoms of cold or cough, have become common during these months.

At least at the beginning of the pandemic, these reactions have also been fuelled by the ambiguity of politicians, who on the one hand tried to reassure

their communities, while on the other organized too weak or too stringent countermeasures to limit the progression of the infection, that were sometimes inappropriate and had to be corrected. Even worst, in some countries such as Italy, politicians of different parties expressed strong personal opinions, sometimes with no scientific background, or “used” the pandemic to criticize the government and/or increase their consensus. In addition, the information provided by the media has been in several cases catastrophic and sensational rather than prudent and accurate, and generally too insistent (taking an excessive number of hours in TV programming and of pages in newspapers daily).

All these factors have been converging to increase people’s sense of uncertainty and helplessness as well as distrust towards official information, while fueling the conviction that nobody can do anything really effective to stop the pandemic.

Psychiatrists, in this emergency, can potentially play key roles. First, they can support front-line physicians, nurses and all involved personnel by dealing with their fears and those of affected individuals. These professionals are too often burdened by the workload of these months, with the mounting risk of burnout syndromes, and are exposed to the constant threat of being themselves infected (more than 30,000 doctors have been infected in China and more than 30 died). Furthermore, in some countries, due to the shortage of the appropriate equipments, front-line physicians are increasingly being faced with the ethical dilemma of selecting the affected patients who can be treated optimally, a situation that is always a personal tragedy².

Second, psychiatrists will have to be ready to face not only the acute reactions to the pandemic, that generally are self-limiting, but also its long-term consequences. We do expect an epidemic of post-traumatic stress disorder and de-

pressive syndromes, due to the convergence of a variety of factors, such as the experience of being infected or witnessing the infection and perhaps the death of dear ones, the drastic changes of lifestyles, quarantine, and the profound economic recession that many countries are going to face^{3,4}.

In addition, we are well aware that all these factors may have a more significant impact on the most vulnerable subjects in our societies, among whom people with mental disorders are obviously included. We are already witnessing and should be prepared to increasingly see the incorporation of themes related to the infection into the fears and delusions of many of our patients.

Only a correct scientific information coupled with the management of the emergency by a range of specialists, including psychiatrists, in connection with governmental (or, even better, supranational) agencies⁵, can be regarded as an appropriate strategy to enable people to cope with fears that are not unmotivated, but may be excessive and irrational⁶. If fear and anxiety are biologically rooted reactions that have promoted human survival and evolution, when within physiological limits, they may become, if they cross a certain border, a powerful obstacle to personal and public mental health.

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