



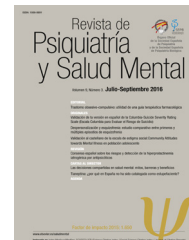
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EDITORIAL

Mental health and the SARS-CoV-2 pandemic

La salud mental y la pandemia del SARS-CoV-2

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Less than one month. That is how long the SARS-CoV-2 pandemic gave us to adapt individually, socially and professionally to a context never before experienced or even imagined, a scenario of high stress that has already changed our way of life and that of future generations. The uniqueness of the COVID-19 pandemic is that we must adapt to those changes quickly, in a scenario of great uncertainty, and almost with no time to reflect or assimilate it.

Maximum interest has been awakened in knowing and analyzing the impact of the pandemic on the mental health of the general population, patients, caregivers and healthcare professionals directly involved in treatment on the front line of COVID-19 patients. Ibañez-Vizoso et al.¹ describe, with historic and international vision of this and other pandemics, the experiences and action plans related to mental health services involved in responding to the diversity of needs generated. This knowledge is of maximum interest to be able to design strategies and measures preserving the maximum integrity of mental health in countries where the pandemic is fully developed or still to develop.

In recent weeks, there has been continual discussion in all areas of stress (physiological and psychological) coping, adaptation, etc. This volume of analysis, foresight and prediction in itself is surely another source of stress. The term *stress* was first used to describe situations in which aggressive external factors trigger a physiological response and behavior to prepare the individual to cope with these

stimuli². Valdes-Florido et al.³ describe a series of four clinical cases of brief reactive psychosis coinciding with the stressful situation we have been experiencing for the last four weeks, and in which an important emotional instability component and impulsive/suicidal behavior are evident.

But only exceptional human and social situations, such as the one we are now living in, which endanger the most basic human needs, are those which unanimously and directly make us question established functional schemes. These are the behavioral and cognitive routines which allow our brain to live “relaxed”. If they are broken, our brain can be overcome by the number of decisions and emotions that have to be faced in a menacing and negative affective reality. On a personal level, we need to create new heuristic models to achieve that new cerebral homeostasis.

We have to face this reality, and we will do so as individuals and as a society, as history has demonstrated⁴. As individuals and society, we need to seek solutions to the external problem, but it is also fundamental to our mental health to be able to manage our distress and emotions in coping with this polyhedral stressor (even if we cannot do anything to change the situation)⁵. The challenges for coping are many and diverse, and we know the stress of establishing new habits. What we do not know, although it is often conjectured, are the mid-to-long term consequences of this adaptive effort.

In this issue, Vieta et al.⁶ reflect on and provide their perspective, in an elegant and illustrative manner, of the reality that has built up in recent weeks and the possible repercussions of the COVID-19 pandemic on different spheres of

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psychiatry, with a message implicit in the need to learn and identify the opportunities for improvement arising from this tragic situation.

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