Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

COVID-19 effect on mental health: patients and workforce

The coronavirus disease 2019 (COVID-19) outbreak has raised several concerns regarding its mental health effect on patients with psychiatric disorders and the health-care workforce.[1,2] Worldwide, psychiatrists are navigating a fast, unpredictable tempest, in developing plans to respond to their own mental health needs and those of their country's population.

We are a group of 16 early career psychiatrists connected by the Early Career Psychiatrists Section of the World Psychiatric Association,[3] working across different WHO regions in countries (other than China) that have been severely affected by COVID-19. The pandemic led us towards a collective endeavour to share our country-specific experiences, plans, and concerns.

Early career psychiatrists are crucial in the medical response to COVID-19. Although we are ready to provide help to those in need, we are made to count on insufficient access to WHO-standard personal protective equipment and training when trying to safely support others' mental health face-to-face. Furthermore, feelings of uneasiness or ill-preparedness arise when countries start redeploying mental health-care professionals to general medical care for patients with COVID-19 in overwhelmed health-care systems (table and appendix).

Telepsychiatry (ie, providing mental health care remotely, using telecommunications such as telephone or video conferencing tools) in several settings is suddenly being introduced or massively expanded to serve patients with pre-existing disorders, health professionals on the frontline, and the general population, during a time of uncertainty, misinformation, and physical distancing.[4] Still, telepsychiatry is scarce in several low-income and middle-income countries, posing challenges for health-care workers and patients where face-to-face care is not safe because of the risk of virus infection. We also perceive that attention given to the public's mental health during the outbreak came late, and overlooked vulnerable populations, such as refugees, people without secure housing, people living in overcrowded spaces, and patients with severe psychiatric disorders.

Apart from disrupting usual mental health care, the COVID-19 pandemic could lead to further psychological trauma. The huge toll such trauma can take on medical professionals, which can include delusional episodes and suicidality, in countries as deeply struck by COVID-19 as Italy is of particular concern. Psychiatric sequelae could be reduced by the early involvement of mental health professionals in drawing up comprehensive public

See Online for appendix

	Telepsychiatry availability	Redeployment	PPE access and training
Nigeria	Not yet available	Not yet	Access to PPE and training in place
USA	Regulations restricting the use of telepsychiatry have been loosened nationwide; wide availability of online conferencing tools	Incipient	Access to PPE and training in place
Brazil	Regulations restricting the use of telepsychiatry have been loosened nationwide; used more in the private sector than in the public sector	Not yet	Variable training and access to PPE
Colombia	Bureaucratic roadblocks to deployment	Not yet	Access to PPE and training in place
Paraguay	Incipient and restricted; telephone hotlines already enabled	Not yet	Poor and variable access to PPE and training
Egypt	Telepsychiatry via online conferencing tools; predominant in the private sector	Not yet	Poor training and access to PPE
Iran	Online individual and group psychotherapy (including groups for health care professionals); telephone hotlines	Ongoing	Access to PPE and training in place
Lebanon	Restricted access	Voluntary	Access to PPE and training in place
Tunisia	Incipient telepsychiatry through online conferencing platforms and telephone consultation	Not yet	Poor access to PPE and variable training
Italy	More available in the private sector than in the public sector; mainly through telephone hotlines, conferencing tools, and social media	Variable	Variable training and access to PPE
Kosovo*	Emergent use of telephone hotlines and online psychotherapy	Voluntary	Poor access to PPE and variable training
Portugal	Emergent teleconsultation services for health professionals and patients	Incipient	Access to PPE in place with variable training
Spain	Telephone consultation for health professionals and outpatient services	Ongoing	Variable training and access to PPE
India	Informal telephone, messaging, and conferencing psycychotherapy for individuals and groups	Likelihood of imminent	Variable training and access to PPE
Indonesia	Use of popular online conferencing tools; online psychological first aid	Not yet	Access to PPE in place without training
Singapore	Use of online conferencing tools for educational, research, and clinical work; telephone hotlines widely used	Not yet	Access to PPE and training in place

Information on telepsychiatry, redeployment, and PPE at April 1, 2020. Redeployment=transfer of psychiatrists to other medical duties in the care of patients with COVID-19. PPE=personal protective equipment. *Kosovo is not recognised as a member state by WHO.

***Table*: Overview of challenges and opportunities for early career psychiatrists by country**

health policies and in supporting the health-care workforce.

Many early career psychiatrists are part of the millennial generation familiar with technology,[5] and are channelling this strength to deliver far-reaching telepsychiatry, share online mental health-promotion resources, and connect with colleagues worldwide. Thanks to social media and the internet, international associations of early career psychiatrists are providing educational resources (eg, real-time news, journal clubs, and webinars), and group emotional support for peers. Colleagues in countries with a recent history of humanitarian and public health crises (eg, the epidemics of Zika virus disease in the Americas and Ebola virus disease in Africa), bring their experience of providing mental health care during and after such disasters, and those in countries with an earlier onset of the COVID-19 outbreak share the lessons already learned there. The spontaneity, resilience, and solidarity with which many colleagues have joined forces is inspiring.

Early career psychiatrists are an essential resource in the mental health management of the COVID-19 pandemic and its aftermath. Mental health authorities are called to count upon early career psychiatrists, warranting the training and resources to enable us to safely and effectively work for our patients, colleagues, and communities. We express our gratitude to all early career psychiatrists taking risks to care for their patients, and we invite them to seek peer support and join forces both locally and across the world.

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Editorial note: the Lancet Group takes a neutral position with respect to territorial claims in published maps and institutional affiliations.

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