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Multidisciplinary research priorities for the COVID-19 pandemic

I read with great interest the recently published position paper by Holmes and colleagues,¹ outlining most appropriately the multidisciplinary priorities for mental health research in response to the COVID-19 pandemic. I concur that we are already seeing the fallout of COVID-19, reflected in more acute presentations with perceived greater risk. This distress is driven in many cases by the consequences of reduced service provision or the loss of economic livelihood. Undoubtedly, mental health is a priority and a coordinated, focused, and robust approach is needed.

It is difficult to argue that the approach taken by Holmes and colleagues is not multidisciplinary. The list of authors includes individuals from varied research areas such as psychology, psychiatry, pathology, neuroscience, biochemistry, epidemiology, bioinformatics, anthropology, molecular biology, and people with lived experience. However, I challenge the claim that the approach is multidisciplinary, as there is a glaring absence of nurses in this list.

The Lancet family of journals does not need to be told about the contribution nursing makes to global health systems. *The Lancet* published the landmark RN4CAST study² that illustrated the impact of nurse staffing ratios and education on patient morbidity and mortality. In January 2020, they issued a call for papers for a special "Nursing in 2020" issue. While *The Lancet Psychiatry* does not need to be told, I fear that Holmes and colleagues do.

WHO and UN jointly declared 2020 as the International Year of the Nurse and Midwife. As part of this initiative, WHO published the *State of World's Nursing* report in April 2020,³ which stated that nursing is the largest occupational group accounting for

approximately 59% of global health workers. Simply put, without nurses there is no health-care system. Without nurses, the sustainable development goals and universal health coverage cannot be achieved. Without nurses there is no mental health care. Indeed, nurses are as effective at delivering psychological interventions as other professionals.⁴

This Correspondence is not an attack on Holmes and colleagues, many of whose work has influenced me as a clinician and academic. I can only assume why nurses are absent from the position paper. The answer is most likely one of the following; (a) the nurse researchers were not invited to the table, (b) the nurse researchers were sent the invite and never responded, or (c) nurse researchers need to show some leadership and pull up their own chair around the table. The underlying reasons to all three are complex, multifaceted, and linked to the perceived status of nursing within the academy and wider society. The *State of the World's Nursing* report makes it clear that the full potential of the profession is not being realised, which is probably because of gender bias and the low value placed on women's work.

These biases are reflected in the impact nurses make to the UK Research Excellence Framework (REF),⁵ as 80% of nursing research submitted to REF in 2014 was considered world leading (four star) or internationally excellent (three star). Analysis also showed that case studies submitted by other disciplines often had a nurse as part of the research team, but these nurses were not accounted for as they were included in a different unit of assessment.⁵ Quite simply, nurses are needed to deliver on the research priorities. To claim that the position paper by Holmes and colleagues is multidisciplinary, is false. It cannot be, when the largest professional group who do most of the work are absent from the table.

I declare no competing interests.

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