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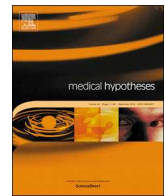
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Letter to Editors

Comment on an article: “COVID-19 disease will cause a global catastrophe in terms of mental health: A hypothesis”



Dear Editor-in-Chief Mehar S. Manku,

We have read with great attention the article “COVID-19 disease will cause a global catastrophe in terms of mental health: A hypothesis”, written by colleagues Izaguirre-Torres and Siche in the forthcoming October issue of Medical Hypotheses, published online in the May issue of same Journal [1]. We welcome the opportunity to make a short comment as well.

This interesting article evaluates hypothesis about possible relation between COVID-19 and mental health burden in the future. Pandemics of this magnitude have appeared in humanity about once every 100 years [2]. COVID-19 manifests unpredictability, uncertainty, seriousness, misinformation and social isolation in contributing to stress and morbidity. The World has two options: became a better place or face the inevitable destruction. We need good mental health services, particularly for vulnerable populations, and the strengthening of social capital to reduce the adverse psychological impact of the COVID-19 [3]. No one seems to be safe. But, there are three groups who may be suffering more from SARS-CoV-2 and COVID-19:

1. people with established mental illnesses;
2. people without pre-existing mental illnesses in COVID-19 territories;
3. health and social care professionals [4].

Furthermore, outbursts of racism, stigmatization, and xenophobia against particular communities are also being widely reported. Nevertheless, frontline care workers (we called them “frontliners”) are at a higher risk of contracting SARS-CoV-2 as well as experiencing adverse psychological outcomes in form of burnout, anxiety, fear of transmitting infection, feeling of incompatibility, depression, increased substance-dependence, and PTSD [5]. Also, *frontliners* become the main personnel providing psychological interventions to patients in hospitals. They should give primary medical care, but also mental health care [6]. *Frontliners* are experiencing high levels of stress and are vulnerable to develop serious mental abnormalities. *Nota bene*, the World Health Organization has recognized the risk to healthcare workers in this pivotal moment. There are a lot of ways to manage anxiety and stress in this group, and in longer term, help prevent depression, burnout as well as PTSD [7]. In the USA, the Centers for the Disease Control and Prevention offer valuable advice for healthcare workers in order to reduce secondary traumatic stress reactions, including increased awareness of symptoms, taking breaks from work, engaging in self-care, taking breaks from infodemia and asking for help [8].

So, what is essential in fighting COVID-19 cannibalism? First – close collaboration between psychiatrics and specialties of other branch of medicine, as well as local authorities and health workers in the com-

munity; second – close cooperation between community health services and mental-health care institutions. In spite of that, we have the urgent need to develop mental health interventions which are time-limited, culturally sensitive, and can be taught to healthcare workers and volunteers [9]. There are six important roles of psychiatrists:

1. education of the public about the common psychological effects of a pandemic;
2. motivating the public to adopt strategies for disease prevention and health promotion;
3. integrating their services with available health care;
4. teaching problem-solving strategies to cope with the current crisis;
5. empowering patients with COVID-19 and their caregivers;
6. provision of mental health care for healthcare workers [10].

Generally, psychological debriefing is recommended for the people who gain stress immediately while brief cognitive-behaviour therapy is beneficial for severe stress symptoms few weeks after the incident. These therapeutic strategies should be preferred for the individuals directly exposed to the SARS-Cov-2 and COVID-19. Last, but not the least, the combine use of pharmacotherapy and psychotherapy is more effective in the cases of chronic anxiety and depression [11].

In the meantime, we don't, yet, have the chance to write the final story about our personal experiences with this pandemic. Unfortunately, COVID-19 is still at power. Hopefully, the number of psychiatrists, psychologists and social workers in the future will be sufficient must be bigger to cope with psychological COVID-19 consequences in *frontliners*, but also in other vulnerable groups. All in all, if we act in the best of our knowledge and consciousness, as well as evidence based practice, our response will be successful. COVID-19 disease will not cause a global catastrophe in terms of mental health.

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Conflict of interest statement

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