

THE COVID-19 OUTBREAK: THE LATEST CHALLENGE TO PSYCHOLOGICAL AND PSYCHIATRIC INTERVENTION

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After the human immunodeficiency (HIV) virus, the severe acute respiratory syndrome (SARS) coronavirus, Ebola (still active in some African countries) virus, and the middle-east respiratory syndrome coronavirus (MERS), the world has to face a novel pandemic due another coronavirus called COVID-19 (Coronaviridae Study Group of the International Committee on Taxonomy of Viruses, 2020). Possibly originated in Wuhan, a town in the Chinese Huan region, the infection showed an extreme virulence and aggression (She, Jiang, Ye, Hu, Bai & Song, 2020). For these characteristics it soon spread outside China, so that, after about a few months from its isolation, it has become an increasingly worldwide health problem affecting more than 100 nations, not only the close South Korea, Hong Kong and Japan, like in the beginning (Rothan & Byrareddy, 2020). Indeed, rapidly the virus infected Iran and some European countries where it showed a different impact, being Italy the most hit outside China. Nowadays, the World Health Organization estimates that more than 1,200,000 people get infected by coronavirus (although this number is subjected to increase day by day) with a mortality rate significantly higher than that of flu that is less than 1% (Sohrabi et al., 2020). Moreover, predictions on the diffusion of coronavirus are not positive, as it is expected to increase in the next months (Sun, Lu, Xu, Sun & Pan, 2020).

Unavoidably, this pandemic elicits psychological and psychiatric issues. It should be first underlaid that an event like that triggered by coronavirus was so sudden and unpredictable to rapidly creating a diffuse sense of uncertainty, while scrambling the conviction of both our personal and societal sense of safety and invulnerability. This is amplified by the evidence that this novel and pathogen agent seems resistant to common medications (Cheng & Shan, 2019; Prompetchara, Ketloy & Palaga, 2020). The consequences is that, although we are modern and powerful,

and convinced that we can dominate almost all natural and human forces and events, we remain vulnerable and cannot control everything, especially an unknown and mysterious virus, whose spreading has undoubtedly been promoted by the increasing easiness of lowcost travelling everywhere, typical of the latest decades (Deng & Peng, 2020).

Again, it is worth noting that there are other coronavirus-related side effects, specifically the negative impact on world economy that, at time of current recession involving the most advanced countries, led to stock market crashes that probably will be not limited to one day only.

As a result, now everybody worldwide has to cope with limitations in daily existence, social relationships, leisure activities and ways of working.

The first reactions were typical acute stress responses, from more or less severe anxiety symptoms to resignation (Cannon, 1932; Russell and Lightman, 2019; Robinson, Vytal, Cornwell & Grillon 2013), often amplified by inaccurate government countermeasures and ambiguity of media information.

The pandemic of coronavirus calls for immediate psychological and psychiatric attention and interventions in different areas (Srivatsa & Stewart, 2020) that are listed herein: 1. Supporting front-line physicians, specialists, nurses and all involved personell who represent a particular population at risk for stress-related disorders (Iserson et al., 2008); 2. Supporting people in quarantine to cope with reclusion, isolation and any kind of restrictions, with appropriate programs according to different ages (Brooks et al., 2020); 3. Promote a correct information on pandemic, in agreement with official agencies; 4. Consider the unavoidable onset of long-term psychological/psychiatric disturbances, such as post-traumatic stress disorder (PTSD) and depression, and how to prevent them (Xiang et al., 2020; Marazziti & Stahl, in press); 5. Implement specific safety measures

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for the most fragile members of our societies, such as homeless, disabled individuals or psychiatric patients; 6. Consider the psychologically negative impact of unavoidable economic crisis (Evans-Lack, Knapp, McCrone, Thornicroft & Mojtabaio, 2013; Marazziti et al., in press); last, but not least: 7. Sensitize governments on the urgent need of appropriate psychological/psychiatric rapid interventions.

For all the increasing issues related to coronavirus outbreak, the editors Donatella Marazziti and Adriano Schimmenti decided to dedicate a special issue of *Clinical Neuropsychiatry* to this pandemic, while putting together the contributions of different colleagues that enthusiastically agreed with us on this project. Besides this first call, we would like to invite mental health professionals worldwide, to share their impressions, feelings, opinions, perspectives, as well as suggestions of current and future management strategies of those coronavirus side effects involving psychological and psychiatric domains. It is indeed essential that all together, with our specific efforts, do our best to reduce or eliminate what might become not only a medical catastrophe, but a tragedy leading to irreversible changes. I am convinced that sharing opinions to highlight that psychological/psychiatric interventions cannot be postponed, but should be implemented immediately and planned now for the future, could be a concrete evidence of a common interest beyond nationalistic and selfish, in any case short-sighted and detrimental behaviours of too many governments.

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