

THE LANCET Psychiatry

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Pereira-Sanchez V, Adiukwu F, El Hayek S, et al. COVID-19 effect on mental health: patients and workforce. *Lancet Psychiatry* 2020; **7**: e29–30.

Appendix table: Overview of the challenges and opportunities for early career psychiatrists in the represented WHO regions and countries

Region	Country	Countries' history of disasters and trauma experience	Telepsychiatry availability	Redeployment	PPE access and training
Africa	Nigeria	2014 Ebola virus disease epidemic; terrorism	Not yet available	Not yet	Access to PPE and training in place
Americas	USA	Sep 11, 2001 terrorist attacks; veterans of military campaigns	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	2015 Zika virus disease epidemic; 2019 Brumadinho dam disaster; internal violence	Regulations restricting the use of telepsychiatry have been loosened nationwide; used more in the private sector than in the public	Not yet	Variable training and access to PPE
	Colombia	2015 Zika virus disease epidemic; Venezuelan refugee crisis; internal violence	Bureaucratic roadblocks to deployment	Not yet	Access to PPE and training in place
	Paraguay	2015 Zika virus disease epidemic; 2019 dengue fever pandemic	Incipient and restricted, with telephone hotlines already enabled	Not yet	Variable and limited access to PPE and training
Eastern Mediterranean	Egypt	2011 Egyptian revolution; terrorism; Syrian refugee crisis	Telepsychiatry via online conferencing tools; predominant in the private sector	Not yet	Poor training and access to PPE
	Iran	Earthquakes and floods; financial and international strains; 2020 airplane shot down	Online individual and group psychotherapy (including groups for health care professionals); telephone hotlines	Ongoing	Access to PPE and training in place
	Lebanon	2006 Lebanon war; Syrian refugee crisis	Restricted access	Voluntary	Access to PPE and training in place
	Tunisia	2011 Tunisian revolution; Libyan refugee crisis; terrorism	Incipient telepsychiatry through online conferencing platforms and telephone consultation	Not yet	Poor access to PPE and variable training
Europe	Italy	2009 L'Aquila earthquake; 2016 central Italy earthquake	More available in the private sector; mainly through telephone hotlines, conferencing tools and social media	Variable	Variable training and access to PPE
	Kosovo*	1998 Kosovo war	Emergent use of telephone hotlines and online psychotherapy	Voluntary	Poor access to PPE and variable training
	Portugal	2008 financial crisis	Emergent use of teleconsultation services for health professionals and patients	Incipient	Access to PPE in place with variable training
	Spain	Episodes of terrorism (up to 2017); 2008 financial crisis	Telephone consultation for health professionals and outpatient services	Ongoing	Variable training and access to PPE
South-East Asia	India	2004 earthquake and tsunami; 2008 Mumbai terrorist attacks	Informal phone, messaging, and conferencing for individuals and groups	Likelihood of imminent	Variable training and access to PPE
	Indonesia	2004 and 2018 earthquake and tsunamis	Use of popular online conferencing tools; online psychological first aid	Not yet	Access to PPE in place without training
Western Pacific	Singapore	2003 SARS epidemic; 2009 H1N1 epidemic	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 1 April, 2020. Redeployment=transfer of psychiatrists to other medical duties in the care for patients with COVID-19. PPE=personal protective equipment. *Kosovo is not recognised as a member state by WHO.