COVID-19 pandemic, with its profound effects on almost every sphere of individual and social life, is a significant challenge and threat to mental well-being. Although mass disasters with similar traumatic effects are not exceptional incidents globally, the rate of the spread of infection, the scale of the effects of the disease and precautions, and uncertainty concerning the nature, prevention from, and treatment of the disease render the psychosocial effects unique. As it is the case for the individual’s response to the stressful events, the psychiatric communities initially addressed this challenge by adapting their usual responses to mass trauma, through their capacity acquired from earlier experiences and training. Although the response to the pandemic is expected to be orchestrated by the public authorities, in many countries, either the administration was not sufficiently cognizant of the psychosocial consequences of the pandemic, or the health-care system was unable to function properly due to the excessive burden. Therefore, the associations of mental health professionals, with varying degrees of preparedness to cope with such a challenge, had to recruit their full resources. As many associations worldwide did, the Psychiatric Association of Turkey prepared written and audiovisual resources for psychiatrists, health professionals, and the general population related to the mental health effects of the pandemic and precautions, often including strategies to cope with stress-related difficulties. Many associations, also provided distant-access psychological support to health-care workers on the frontlines and the general population. These were achieved through a fast-organized psychological support among its members and between associations worldwide.

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Ethical issues under the pressure of COVID-19 pandemic
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The pandemic has highlighted with particular evidence the vulnerability of people with mental disorders and a series of specific ethical concerns regarding their condition. First of all, the risk of receiving poor medical care due to the double stigma of being affected by a mental disorder and Covid infection, in addition to the many other additional barriers, including poverty, marginal housing, and food insecurity. Moreover, in some countries, in a situation where demands for intensive care exceeded the treatment facilities available, the tragic ethical dilemma regarding the choice of people to be saved was resolved with the option in favor of healthier and/or younger people who have more chances of recovery, thus excluding, among others, aged people with severe mental disorders such as dementias. In other countries, ethical concerns emerged related to the enhanced risk of involuntary hospital admission of individuals with severe mental illness mainly due to the high likelihood of these patients violating physical-distancing and other safety rules. Social distancing measures have determined, among others, relevant obstacles for direct access to psychiatric care services, with the consequent adoption of the so called “telepsychiatry” of “tele mental health” by mental health services, a measure which unfortunately has cut off a large amount of patients who have not been able to benefit from these innovative methods of care both because of barriers posed by their own serious mental conditions, and by the impossibility of having the necessary technology.

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