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 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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The global SARS-CoV-2 pandemic with subsequently imposed restrictions and lockdowns also radically disrupted academic life. Many research projects involving recruitment of human subjects were abruptly put on hold, educational activities have moved into online training, scientific meetings have been transformed into virtual events. Social distancing does not restrict only everyday human contact but also limits direct exchange of clinical, educational, and research experiences, professional and academic networking, sharing ideas. Besides all the drawbacks, does the current situation also bring any advantages? Every challenge results in new opportunities. Although the online congresses will most likely never fully replace real-life experience, it was found that many work meetings can be held more efficiently via online communication. Saving time, cutting costs of travel and accommodation, plus other expenses, may help to allocate limited resources where needed. Similarly, while practical medical education and training cannot be substituted for remote broadcasting, many theoretical presentations can. More importantly, epidemic of COVID-19 is a unique opportunity for mental health research, to study individual and population consequences of the virus, its impact on psychiatric patients. It is still early to predict whether and when research, training, meetings, and other academic activities return back to “normal”, but appears that some changes are here to stay.

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