Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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The COVID-19 pandemic has reinforced the need for community mental health-care models in Uganda

As seen elsewhere, the COVID-19 pandemic in Africa has created an urgent need for an isolated space in which to manage patients with COVID-19. In high-income countries such as China, the UK, and the USA, standalone units were built to cater for the extra isolation space required to manage a surge in COVID-19 confirmed cases. In much of Africa, building such units was not possible because of financial, infrastructural, and human resource constraints.[1] Mental health units that conventionally stand alone, far from other health services, were deemed appropriate for the isolation of patients with COVID-19. In Uganda, the only national referral inpatient mental health unit (Butabika Hospital, Kampala, Uganda) has only 638 inpatient psychiatric beds for a population of almost 50 million people. Between Jan 1 and Dec 31, 2018, the bed occupancy rate of Butabika Hospital was 149%.[2] Even with such a high demand for beds in Butabika Hospital, lower level regional psychiatric units were converted into isolation units for COVID-19.[3]

The transformation of psychiatric units into isolation centres in low-income countries such as Uganda requires mental health providers to adopt new care models that do not involve these standalone units. Models for community mental health care, such as integrating psychiatric care into everyday clinical practices, are crucial during this pandemic. Integrated mental health care is an attempt to combine behavioural health services wholly or partly with general and specialty medical services.[4] Care models that ensure staff and patient safety while managing psychiatric and non-psychiatric patients together should also be promoted. For example, the Safewards model aims to reduce conflict between patients and health-care workers so that coercive or restrictive measures are not put in place.[5] Musisi and colleagues have even argued for the introduction of outreach mobile mental health clinics.[6]

Community mental health care needs to become the primary form of care for patients with psychiatric illness in African countries both during and after the COVID-19 pandemic. With a surge of the pandemic in African countries, the need for isolated spaces and the alternative use of inpatient psychiatric beds for patients with COVID-19 are only expected to rise. An expected increase in the incidence of mental health-related complications will also pose a challenge because of the inadequate space; yet existing patients need ongoing care. Now rather than later, a discussion of community models of care for patients with mental illness need to be expedited. Because of the insufficient financing available before the onset of the COVID-19 pandemic, alternative care models were never fully developed in low-resource settings such as Uganda.[1] More substantial funding is required to scale up community mental health services, integrated care, and the Safewards model. This scale-up will ensure that after the COVID-19 pandemic, health systems can help reduce the possibility of a second pandemic, this time of mental illness.

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Sociocultural influences on interventions for anorexia nervosa

In *The Lancet Psychiatry*, M Solmi and colleagues reported a network meta-analysis, which found that psychological interventions are associated with modest, but clinically significant improvements for adults with anorexia nervosa.[1] However, none of the well known specialty interventions were better than treatment as usual. Solmi and colleagues suggest investigating patient level and therapist level factors that might influence outcomes. In an associated Comment, Evelyn Attia recommends mechanism-based