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Editorial

COVID-19, Mental Health and Aging: A Need for New Knowledge to Bridge Science and Service

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As the COVID-19 pandemic spreads around the world, we are starting to see the first waves of epidemiological data^{1,2} and know that it disproportionately impacts older adults.³ However, with this still being a new and rapidly evolving global crisis, there is currently very little known about its broader impact on mental health. Clinicians are gaining early experiences around a range of issues that are highly relevant to the mental health care of older adults⁴ in the context of COVID-19. Retrospective studies of the 2003 SARS epidemic found that rates of suicide

among older adults spiked during the period of the epidemic.⁵ This finding highlights the urgency for studying the mental health impact of COVID-19 in real time, so that its adverse impact can be anticipated and minimized. Because of the need for rapidly generated evidence to guide the care, the *American Journal of Geriatric Psychiatry* proposes to serve as a forum for early clinical evidence and frontline research relevant to COVID-19 and geriatric mental health.

We anticipate a need for timely and valid scientific information on a range of topics. These may include

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the distinct mental health impact related to the fatality risks from the coronavirus, stress around behaviors that may lead to contact/infection (including contact with caregivers), consequences from social distancing and isolation measures instituted by governments around the world⁶ and the neurobiological consequences of the resulting stress and inflammation that may increase vulnerability to mental health issues. In a population where loneliness and isolation have already been described as an epidemic,⁷ the impact of even short-term social distancing measures merits careful study. Simultaneously we will need to pay attention to how social distancing impacts the dynamics between older adults, their caregivers and their treaters. Lessons learned from this acute crisis may inform our understanding of loneliness and isolation and the most effective management approaches.⁸ We need research that focuses not only on how old age is a risk factor for the COVID-19 infection, but also why many older people would not acquire the infection, or even when infected, would recover fully, without long-term pathology. The biological and psychosocial resilience manifested by these older adults should be studied as a protective and preventive factor.

The nature and severity of specific symptomatology observed in the context of COVID-19 also needs to be chronicled to facilitate future work. In addition, there is an urgent need for documentation of measures taken by institutions and individuals to manage the mental health impact of COVID-19 on older adults in the absence of clear best practices, as well as strategies for prevention. We believe that a range of measures may have been implemented across various care settings worldwide, including inpatient and outpatient care and large tertiary care centers, community-based hospitals, primary care settings, nursing homes as well as residential environments such as assisted living facilities. It will be important for the field to assess the range and efficacy of these measures - these may include implementing telepsychiatry for direct care and psychotherapy,⁹ using a range of technologies for social engagement and measures to facilitate physical activity and nutrition. It is equally important that we recognize how the impact on older adults will vary around the world and the factors

impacting older adults in low- and middle-income countries may differ from developed countries.⁴

We also anticipate that there will be a range of long-term mental health consequences to this pandemic. In this respect, the field of geriatric psychiatry is in an uncharted territory, given that this confluence of a global viral pandemic and increased life expectancy is a new phenomenon and hence, little literature exists in this area. The scope and draw-out nature of this pandemic may also mean that lessons learned from managing natural disasters may not be fully applicable here.¹⁰ Moreover, even as we assess impact on aging individuals, we also account for their important contributions in disaster preparedness and response. Research has documented the important social capital, perspective and wisdom provided by these individuals in the form of their experience and pre-existing social networks.^{7,11} Thus, older adults may have important lessons to teach COVID-19 sufferers, as well as healthcare professionals from all age groups. Simply put, a new body of knowledge needs to be generated to capture the wide impact of the pandemic on mental health and wellness.

To serve the needs of our readership and the clinical and scientific communities at large, the journal invites a broad range of submissions related to COVID-19 and geriatric mental health. This may include case reports, case series, commentary articles, and narrative reviews. Subsequently as more data are gathered, we anticipate publishing observational studies, and eventually longer-term epidemiological studies. As per editorial policy, all submissions will be subject to peer review, but we will expedite publication and all accepted papers related to COVID-19 will be published open access free of charge in the interest of public knowledge. We believe that in taking a proactive leadership role in this crisis, the journal and the American Association for Geriatric Psychiatry will empower the scientific and global health community to effectively plan for the care of older adults⁴, avoid the risk that this population is marginalized in policy discussions around COVID-19¹² and generate the highest possible level of valid evidence-based data to guide the most effective care at this critical time.

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