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.

resource allocation for prevention and treatment of the conditions leading to these deaths. Given that maternal mortality is rising, and that suicide and overdoses are large contributing factors, psychiatric participation on MMRCs is imperative. To provide insight into how many psychiatrists are involved in MMRCs, we calculated the proportion of MMRCs in the USA with a psychiatrist. Each MMRC was assessed through their online webpage, legislative reports, or by emailing their listed point of contact. Six (12%) of the 49 MMRCs did not have their members posted online, nor did they respond to requests for this information. Of the remaining 43 review boards, only 23 (53%) have at least one psychiatrist as a member, while 20 (47%) do not.

The participation of more psychiatrists on MMRCs would help in multiple ways by providing: knowledge of best practices and resources for patients with psychiatric conditions; input on improving each state's health-care system as it relates to mental health; and advocacy for resources, screening, and treatment of these preventable deaths. Perhaps most importantly, psychiatrists will provide the expertise needed in the categorisation of deaths into the groups of pregnancy-related deaths (ie, when the cause of death is a direct result of the pregnancy) or deaths that are pregnancy-associated but not related (ie, when the cause of death occurred during pregnancy but was not the result of pregnancy), as recommended by the US Centers for Disease Control and Prevention. This distinction is crucial as deaths classified as pregnancy-related are the primary focus for increased action and resources by the state. Although there has been recent attention given to the need to improve the classification of these deaths,[5] such classification is currently a subjective, non-standardised process.

We are writing this call to action to increase awareness of MMRCs and to encourage participation in your local review committees, as full psychiatric involvement is essential to ensuring these preventable causes of maternal death are appropriately classified, evaluated, and addressed on a global level.

SLR-G was invited to participate on the Arkansas Maternity Mortality Review Committee. All other authors declare no competing interests.

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Mentoring early-career scientists in academic psychiatry during the COVID-19 pandemic

Along with seemingly every aspect of our lives, academic mentoring has been damaged by the COVID-19 pandemic. Mentors and mentees are exhausted from the long period of uncertainty about health and wellbeing, burned out from Zoom meetings, and struggling to collaborate effectively. Faltering productivity combined with the rise in mental health problems have made it a challenge simply to get along with others at work. Starting a career as a scientist was difficult in the most stable of times, but it has become unusually gruelling now.

As directors of the Career Development Institute for Psychiatry, which provides a programme of teaching and mentoring funded by the US National Institute of Mental Health and designed to help scientists succeed in the tenuous period between the end of training and the beginning of independent research, we have witnessed the struggle of early-career scientists in academic psychiatry. At our April 2022 annual workshop, our fellows were dispirited, telling us that they feel neglected, undermined, and in some cases emotionally abused by the mentors at their home institutions. Many cannot envision a way forward. Their pain was impossible to ignore. Both of us are familiar with the toll of COVID-19 from our own experiences: losses of loved ones; delayed research progress; anguish and despair of the people around us; disjointed communication; and, more recently, a nagging impatience over not having regained our pre-COVID-19 pace.

Although we are optimistic about the ways our research community has adapted during COVID-19—from the value (to a point) of virtual settings to the new transparency for acknowledging ways that our personal struggles influence our work—we cannot deny that psychiatry research is in a mentoring crisis. There is a danger of losing a generation of talented, promising scientists, and this could stall progress in understanding and treating psychiatric illnesses. The traditional elements of mentoring—guidance, advocacy, training, and access to professional networks—need to be provided, along with the essential qualities of empathy and commitment to the mentee's success. The needs of both mentors and mentees should be addressed, as should contemporary challenges such as long-distance mentoring, appropriate workplace behaviour, and the applications of technology.

How can the experience of the COVID-19 pandemic teach us to do better with the support and care

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of early-career scientists? The basic principles of solid mentoring remain valid—structure, clear expectations, and consistency create the foundation. Embracing change is always useful, but is particularly important now. Understanding the mentee is crucial, and the mentor must provide compassion and wisdom—and put their own wishes aside—as the mentee determines their unique career path to a fulfilling career.[1] Because the usual challenges are amplified, mentoring in these unstable times requires both more of the same and dynamic adaptations in style and content.

Now that we have experienced the ubiquitous obstacles of the COVID-19 era, mentoring is different. If we accept that research will not go back to the pre-pandemic ways, adapt our behaviour to current realities, and enhance our commitment to supporting and guiding others, early-career scientists will again be able to thrive.

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The upcoming synthetic ultrapotent opioid wave as a foreseeable disaster

The fentanyl-dominated recreational drug supply and the rapid rise of overdose deaths is unfortunately not the endpoint in the evolution of the North American drug market.[1] Non-fentanyl-derived ultrapotent synthetic opioids that are several times more potent than fentanyl, such as nitazenes, are being increasingly detected in Canada and the USA.[2] Despite having similar (and often more acute) physiological effects to heroin, these novel psychoactive substances are not well characterised, and there is little understanding of an effective treatment approach.[3] Moreover, these new ultrapotent synthetic substances are being rapidly produced in so-called homegrown laboratories using legal and easily available precursors. Production can be established anywhere, thereby avoiding global trafficking routes, partly as an adaptation to border closures in response to the COVID-19 pandemic.[1] These developments will challenge nearly all existing harm-reduction and treatment options, from reversing overdoses with the appropriate naloxone response to retention in opioid agonist treatment programmes, underscoring the importance of proactively collecting evidence and adjusting our health-care systems.

The inability of health-care systems to address emerging synthetic opioids exposes substantial existing inadequacies.[4] There are too few well-established research centres that are able and ready to investigate pressing questions to guide evidence-based interventions; for example, how to best understand the influence of economic factors (eg, availability, price), societal factors (eg, stigma, health disparities), and individual factors (eg, trauma, mental health needs) in the ongoing developments. Expanding access to services and innovating treatment options specifically to address ultrapotent synthetic opioids could generate subtstantial cost savings in the long-term, which in turn could be re-invested into addiction research, health, and social services.[4] However, beyond enhancing treatment services, could the legalisation of heroin and other substances be a successful strategy? Should there be provision of pharmaceutical grade drugs to people who are at risk of overdose, as is the case in Canada with safe supply?

COVID-19 has certainly overshadowed the overdose crisis. However, given the widespread availability of fentanyl and increasing presence of ultrapotent synthetic opioids, efforts to protect people at risk of overdose must equal, if not surpass, those for COVID-19. On the current trajectory, we can expect nearly a million deaths in the USA due to overdose within the next decade.[5] Without innovative and effective treatments, there will not be any noteworthy harm reduction. Similar to the COVID-19 pandemic, responsible governance means using evidence-based interventions and focusing on health outcomes, rather than watching historical records be broken. It also means mobilising all necessary resources and listening to those who are best positioned to advise and devise effective strategies (eg, specialists in addiction medicine and psychiatry).

What is the role of psychiatry in this crisis? It is the part of medicine formally responsible, given that complex concurrent disorders and high-risk substance use are within the domain and require the skillset of these specialists. The prevention and treatment of substance use disorders have been kept on the sidelines of psychiatry for too long, despite the high mortality and morbidity resulting from these disorders. Reprioritising research and training in the field of mental health and high-risk substance use is a crucial part of the solution, beginning with accepting the challenge and taking action.

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