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We welcome the commentary that our COVID-19 Mental Health Science Position Paper has ignited. Together, these responses highlight the importance of many different perspectives and the wide range of voices that are necessary to navigate the mental health challenges of the pandemic. We are encouraged and stimulated by the recent correspondence published in the July issue of *Lancet Psychiatry*. Some key messages were consistent across the correspondence; namely, that the mental health impacts of COVID-19 are likely to be profound, long lasting, and will touch all sectors of society. There was also consensus that only by harnessing a truly multidisciplinary response will we be able to mitigate the mental health risks effectively. How best to do this will be a challenge that requires most of us to think and work differently, and for our scientific, research and practice communities to come together to create novel solutions.

In writing our Position Paper the aim was to galvanise the mental health science community in pursuing a coordinated response of high quality research with robust ethical standards that prioritised near term *utility* for mental health. To achieve this we rapidly synthesised views from a range of backgrounds along with more than 3,000 survey responses from the public and people with lived experience of mental ill-health. Our approach to patient and public engagement was noted in a recent blog from the Nuffield Council on Bioethics[1].

We set out immediate research priorities and longer-term strategies into the psychological, social and neuroscientific effects of COVID-19. The extant priorities represent the collective views of the author team and our respective biases, working at speed at the start of the pandemic. We sought to highlight some vulnerable groups who will need research attention, and recognise how important it is to ensure all affected groups are made more visible (see letters in this July issue). Further and emerging vulnerabilities may manifest as events unfold and priorities should be reviewed as the pandemic evolves. The recent correspondence complements the priorities outlined in the Position Paper and will stimulate further research employing diverse methods, including more perspectives from social sciences and focusing on additional vulnerable populations (e.g., young people with complex forensic mental health needs, Hales et al., this issue).

It is still too early to say what the medium and longer-term impact of COVID-19 on mental health and wellbeing will be. However, the intention to highlight the profound effect on mental health for some is supported by a Royal College of Psychiatrists survey in early May 2020 that found 43% of clinicians were seeing an increase in urgent and emergency cases, including those who are suicidal or self-harming[2]. The concern among many is that as we emerge from lockdown, the economic and social consequences of the pandemic will take hold, and diverse and damaging mental health impacts and disparities may escalate further. We also must ensure that research focused on protecting those working at the frontline of the pandemic, including the health and social care workforce, is prioritised.

In terms of the public discourse around the pandemic, the message in the UK – and North America as well – is that “we are all in this together” but such statements are not supported by the statistics. The virus itself affects groups of people differentially; mortality rates are socially patterned, with deaths being more common among the over 70s, members of Black, Asian and Minority Ethnic communities, and those who are most socially disadvantaged. When describing the consequences of COVID-19, as the writer Damian Barr wrote on Twitter recently, it is more accurate to say that although we are all navigating the same Coronavirus storm, we are in different types of boats: some people are in super-yachts and others have only a single oar. Those in the most affected boats are also more likely to be exposed to a clustering of socially structured disadvantage across generations resulting in increased morbidity and mortality from COVID-19. It is vital, therefore, that research into the mental health effects of social and welfare policies and structural inequality is prioritised (Morgan & Rose, this issue). We must all challenge the social and economic inequalities that contribute to poor mental health[3]. To address health paradoxes, history suggests we need to seek innovations to our existing approaches[4]. Mental health science must embrace the full range of scales at which initiatives can be targeted (i.e., societal, community as well as individual targets). We must consider mechanisms of change at all levels, irrespective of whether these are public health interventions, individual approaches or global initiatives. To achieve this, we need to find new ways to bring research communities together, because mental health science is best served when we join forces, complementing each other. Diversity will be our strength, and it is only through working together across disciplines that we will tackle the global challenge of COVID-19.

The correspondents raised a number of points that, although included in the Position Paper, are important to emphasise. First, co-design should be integral to everything done as part of the mental health science response; it is critical that those affected by COVID-19 and those with mental health problems have a voice. For example, young people should be included as equal partners in the design and implementation of mental health science solutions for them. Such collaboration will enrich the research process and may also lead to the inclusion of novel aspects of positive mental health such as resilience, courage and compassion (Singh et al., this volume). Second, research into the COVID-19 pandemic should ensure that Black, Asian and Minority Ethnic communities are represented (both as participants in co-design and on study management groups), indeed we welcome the call for a race equality impact assessment being applied to all forthcoming research studies (Smith et al., 2020, this issue). Research into the link between ethnicity and COVID-19 outcome is urgent[5] and mental health aspects need to be included here. To effectively identify the impact of the virus and interventions on different communities, such representation must be sufficiently granular and recognise the intersectionality of risks. Third, in the rush to understand the impact of COVID-19 on mental health and wellbeing, it is more important than ever that the highest standards of ethical research practice are maintained. Such standards include respecting confidentiality and recognising potential harms as well as focusing on issues around acceptability (of potential interventions) and trustworthiness (in terms of data collection and data sharing; Singh et al., this issue). Townsend et al.[6] have

published some useful guidance in this regard. For example, they recommend mood measurements, mood mitigation techniques as standard and stress the importance of conducting research that has clear benefits while keeping the risks low.

Fourth, the mental health science response must be truly multidisciplinary in implementation. In the Paper, we highlighted a wide range of disciplines and the original author group was drawn from diverse disciplinary backgrounds. However, many further professions need to be included, for example nursing is central to the COVID-19 research response (Brennan, 2020, this issue). Just under 40,000 mental health nurses make-up the largest component of the UK NHS psychiatric workforce and it is essential that mental health nurse researchers are included to ensure that any research is responsive to their concerns and priorities. Fifth, we also recognise that feeling distressed or anxious is understandable for many going through such unprecedented times (Siddaway, 2020, this issue). It is therefore important that any mental health response is commensurate and tailored. Clearly, for those who are vulnerable, it is important to be vigilant to mitigate the risks to mental health difficulties. We also need to consider longer term preventive approaches more broadly so that we are more responsive to the chronic consequences of the current pandemic as well as being better prepared for future public health crises.

The Position Paper was pitched as a call for action and we warmly thank the correspondents for their energetic response which helps increase breadth and inclusion in the mental health research response to COVID-19. This is not only an important reminder to funding agencies but an even stronger incentive to advance the mobilisation and coordination of the whole community of mental health scholars. It has already provided a welcome platform for starting dialogue with researchers, research funders and the wider mental health science community, and a continued conversation is necessary. It is now a responsibility to include the voices of all those whose mental health is impacted by this pandemic and ensure that research findings are translated into practice.

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