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As I write this from Boston, Massachusetts, our governor has just issued an order for all nonessential businesses to close as we try to contain the spread of coronavirus disease 2019 (COVID-19). The leaders and workforces of medical institutions are rising to the challenges now confronting us in Boston, as most surely they are in yours.

Over the past days and weeks, life has changed for everyone in ways unprecedented in our lifetimes. The COVID-19 pandemic has demonstrated how connected we are within our communities and across the globe—both in kinship and in a devastating manner. This crisis has highlighted the extent of interconnectedness of our institutions, including medical, public health, political, economic, and educational. The current pandemic clearly underscores the global nature of our lives today and the limited constructs of nationality, religion, and political leanings in the face of a common threat. Now, more than ever, we need to embrace and nurture a coming together of the global community.

In times of strife, we seek community. When “social distancing” is the new normal, we are using technology on a broader scale to provide patient care, stay informed, and connect with family and friends. There are differences across socioeconomic groups with regard to access to technology, and hopefully we can learn how to address these discrepancies from this experience. We will undoubtedly hear of a wide variety of experiences as psychiatric caregivers do their best to deliver care to the most vulnerable of our patients.

We cannot fully anticipate the long-lasting effects of this pandemic on our societies. Here in Boston, we’ve seen telemedicine set up at record speed to meet the needs of patients. Regulatory barriers to reach many patients were brought down almost overnight. We can use more platforms and cross state lines to deliver care, which are important changes that help us reach as many patients as possible. We are collectively experiencing a stressor that affects segments of the population in different ways. There will be durable changes to the practice of psychiatry in terms of how it is implemented and what we learn from the management of disorders in this trying time. We also are concerned for our colleagues on the front lines, who are working in the inpatient units, consult liaison services, and emergency departments. We also understand that some of our colleagues are having to widen their scope of practice in this extraordinarily difficult time as the health care systems become increasingly overloaded.

At *The Journal of Clinical Psychiatry*, alongside other journals, we have our own community that is continuing to move the field forward. We continue to receive and publish new manuscripts. We are continuing to call upon our generous peer reviewers, many of whom we realize may have additional commitments during this time. We will continue to reach out to our readers with new materials to inform patient care. Notably, our contributors, reviewers, and readers are international. We anticipate that the continued scientific role of JCP will be helpful in keeping us informed and connected.

On behalf of JCP’s editors, editorial board, and staff, we hope that this crisis is as brief as possible. We are deeply concerned about the impact it will have upon individuals with psychiatric disorders, as well as the health care providers who treat them.

Our thoughts are with our international community at this time.

Most sincerely,
Marlene P. Freeman, MD
Editor in Chief

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