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## AIMS AND SCOPE

Alpha Psychiatry is an international, scientific, open access periodical published in accordance with independent, unbiased, and double-blinded peer-review principles. It is an online-only journal owned by AVES and published biannually in January, March, May, July, September, and November. The publication language of the journal is English.

Alpha Psychiatry is a peer-reviewed general psychiatry journal. The aim of the journal is to contribute to science by publishing high quality publications of scientific and clinical significance. For this purpose, original research articles, invited reviews and letters to the editor are published in all fields of psychiatry and other areas related to mental health.

The scope of the journal includes but not limited to all areas of psychiatry, basic and clinical neuroscience and behavioral sciences.

The target audience of the journal includes psychiatrists, mental health workers, neuroscientists and researchers who are interested or working in in all fields of medicine.

Alpha Psychiatry is currently indexed in Science Citation Index Expanded, Scopus, Embase, PsycINFO, Proquest, EBSCO, Gale, Türk Psikiyatri Dizini, and TUBITAK ULAKBIM TR Index.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing ([doaj.org/bestpractice](http://doaj.org/bestpractice)).

### Article Processing Charge (APC) and Waivers

No fees are requested from the authors during submission and evaluation process. All manuscripts must be submitted via the online submission system, which is available at [www.alpha-psychiatry.com](http://www.alpha-psychiatry.com). The journal guidelines, technical information, and the required forms are available on the journal's web page.

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Alpha Psychiatry offers APC waivers to the manuscripts whose corresponding authors are based in countries classified by the World Bank as low-income economies as of July 2020. You may access the list via [www.worldbank.org](http://www.worldbank.org).

Alpha Psychiatry also considers discretionary APC waiver requests for authors with the aim of promoting the highest standards of scientific exchange and supporting high-quality researches. Requests for APC waivers and discounts will be considered on a case-by-case basis, and may be granted in cases of financial need. All applications for discretionary APC waivers should be made prior to or at the point of manuscript submission. Requests made during the review process or after acceptance are not eligible for consideration. For waiver requests, please contact [info@alpha-psychiatry.com](mailto:info@alpha-psychiatry.com).

Please note that all submissions are evaluated by the Editorial Board and the external reviewers in terms of scientific quality and ethical standards. APC payments have not any effect on the outcome of the article's evaluation and/or publication priority.

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## INSTRUCTIONS TO AUTHORS

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### EDITORIAL AND PUBLICATION PROCESS

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

### PEER REVIEW PROCESS

Manuscripts submitted to Alpha Psychiatry will go through a double-blind peer-review process. Each submission will be

reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process. Editors and editorial board members cannot take part in the editorial processes of the articles they submit. If necessary, an independent editor is invited to manage the evaluation processes. The Editor in Chief is the final authority in the decision-making process for all submissions.

All manuscripts submitted to Alpha Psychiatry subject to the evaluations of the Editorial Board and the external reviewers. AVES, the publisher and the owner of the journal, is not involved in the decision-making process of the submissions.

### ETHICAL GUIDELINES

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, [www.wma.net](http://www.wma.net)) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. Submission which do not have ethical approval will be reviewed according to COPE's Research, Audit and Service Evaluations guideline. Such manuscripts can be rejected after editorial review due to the lack of ethics committee approval.

For manuscripts concerning experimental research on humans, a statement should be included that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo.

It is the authors' responsibility to protect the patients' anonymity carefully. For photographs that may reveal the identity of the patients, signed releases of the patient or their legal representative should be enclosed, and the publication approval must be provided in the Methods section.

For studies carried out on animals, an approval research protocols by the Ethics Committee in accordance with international agreements (Guide for the care and use of laboratory animals, 8<sup>th</sup> edition, 2011" and/or "International Guiding Principles for Biomedical Research Involving Animals, 2012") is required. Also, the measures taken to prevent pain and suffering of the animals should be stated clearly in such studies.

Information on patient consent, the name of the ethics committee, and the ethics committee approval number and date

should also be stated in the Methods section of the manuscript.

## PLAGIARISM AND ETHICAL MISCONDUCT

Alpha Psychiatry is extremely sensitive about plagiarism. All submissions are screened by a similarity detection software (iThenticate by CrossCheck) at any point during the peer-review and/or production process.

When you are discussing others' (or your own) previous work, please make sure that you cite the material correctly in every instance.

Authors are strongly recommended to avoid any form plagiarism and ethical misconduct that are exemplified below.

**Self-plagiarism (text-recycling):** Overlapping sections or sentences with the author's previous publications without citing them. Even if you are the author of the phrases or sentences, the text should not have unacceptable similarity with the previously published data.

**Salami slicing:** Using the same data of a research into several different articles. Reporting the same hypotheses, population, and methods of a study is into different papers is not acceptable.

**Data Fabrication:** It is the addition of data that never occurred during the gathering of data or the experiments. Results and their interpretation must be based on the complete data sets and reported accordingly.

**Data Manipulation/Falsification:** It means manipulating research data with the intention of giving a false impression. This includes manipulating images (e.g. micrographs, gels, radiological images), removing outliers or 'inconvenient' results, changing data points, etc.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act according to COPE flowcharts.

## PREPRINT

Alpha Psychiatry does not consider preprint publications as prior publication. In other words, authors are allowed to present and discuss their findings on a non-commercial preprint server before submission to a journal.

Authors must provide the journal with the pre-print server deposition of their article accompanying its DOI during initial submission.

If the article is published in the Alpha Psychiatry, it is the responsibility of the authors to update the archived preprint and link it to the published version of the article.

## AUTHORSHIP

Each person listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - [www.icmje.org](http://www.icmje.org)). The ICMJE recommends that authorship is based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. Also, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

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## CHANGE OF AUTHORSHIP

Alpha Psychiatry reviews the authorship according to the author's declaration in the Title Page; thus, it is the authors responsibility to send the final order of the complete author names.

Requests in the change of authorship (e.g. removal/addition of the authors, change in the order etc.) after submission are subject to editorial approval. Editorial Board will investigate this kind of cases and act following COPE flowcharts.

Change of authorship requests should be submitted to the Editorial Office with an official letter stating the reasons of the change. The letter must be signed by all authors and include their approval on the change in authorship. If the request is approved by the Editorial Board, authors need to submit a new Copyright Agreement Form according to the final order list.

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#### MANUSCRIPT PREPARATION

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2019 - <http://www.icmje.org/icmje-recommendations.pdf>). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at <https://alphapsy.manuscriptmanager.net/>. Manuscripts submitted via any other medium and submissions by anyone other than one of the authors will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

Copyright Agreement and Acknowledgement of Authorship Form, and

ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at [www.alpha-psychiatry.com](http://www.alpha-psychiatry.com).

## Preparation of the Manuscript

**Title Page:** A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name (s), affiliations, highest academic degree (s), and ORCID iDs of the author (s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number), and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

**Abstract:** An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Methods, Results and Conclusion). Please check Table 1 below for word count specifications.

**Keywords:** Each submission must be accompanied by a minimum of three to a maximum of five keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

**Main Points:** All submissions except letters to the editor should be accompanied by 3 to 5 “main points” which should emphasize the most noteworthy results of the study and underline the principal message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since “Main Points” targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

### Manuscript Types

**Original Article:** This is the most important type of article since it provides new information based on original research. Acceptance of original papers will be based upon the originality and importance of the investigation. The main text of original

articles should be structured with Introduction, Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles. In a study that requires ethical reporting, the information about the ethics committee approval and financial disclosure should be included in the text.

### Clinical Trials

Alpha Psychiatry adopts the ICMJE’s clinical trial registration policy, which requires that clinical trials must be registered in a publicly accessible registry that is a primary register of the WHO International Trials Registry Platform (ICTRP) or in ClinicalTrials.gov.

Instructions for the clinical trials are listed below.

- Clinical trial registry is only required for the prospective research projects that study the relationship between a health-related intervention and an outcome by assigning people.
- To have their manuscript evaluated in the journal, author should register their research to a public registry at or before the time of first patient enrollment.
- Based on most up to date ICMJE recommendations, Alpha Psychiatry accepts public registries that include minimum acceptable 24-item trial registration dataset.
- Authors are required to state a data sharing plan for the clinical trial registration. Please see details under “Data Sharing” section.
- For further details, please check ICMJE Clinical Trial Policy at [www.icmje.org](http://www.icmje.org)

### Data Sharing

As of 1 January 2019, a data sharing statement is required for the registration of clinical trials. Authors are required to provide a data sharing statement for the articles that reports the results of a clinical trial. The data sharing statement should indicate the items below according to the ICMJE data sharing policy:

- Whether individual deidentified participant data will be shared
- What data in particular will be shared
- Whether additional, related documents will be available
- When the data will be available and for how long
- By what access criteria will be shared

**Table 1. Limitations for each manuscript type**

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	4000	350 (Structured)	30	6	5 or total of 10 images
Invited Review Article	5000	350	75	6	10 or total of 15 images
Letter to the Editor	400	No abstract	5	No tables	No media

Authors are recommended to check the ICMJE data sharing examples at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

While submitting a clinical trial to Alpha Psychiatry;

- Authors are required to make registration to a publicly accessible registry according to ICMJE recommendations and the instructions above.
- The name of the registry and the registration number should be provided in the Title Page during the initial submission.
- Data sharing statement should also be stated in the Title Page even the authors do not plan to share it.

Clinical trial and data sharing policy of the journal will be valid for the articles submitted from 1 January 2021.

#### Reporting Statistical Analysis

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified. For further information on presenting statistical analysis, please see AMA Manual of Style section 19.0.

Units should be prepared in accordance with the International System of Units (SI).

**Invited Review Article:** Authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are invited by the journal to prepare an invited review on a specific topic in psychiatry. All invited review articles will also undergo peer review before acceptance. Invited reviews should describe, discuss, and evaluate the current knowledge of a topic in clinical practice and guide future studies. The subheadings of the review articles should be planned by the authors. However, each review article should include an "Introduction" and a "Conclusion" section. Please note that unsolicited review submissions will not be evaluated. Please check Table 1 for the limitations for Invited Review Articles.

**Letters to the Editor:** This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the

form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

#### Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

#### Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"



All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

### References

Both in-text citations and the references must be prepared according to the AMA Manual of style.

While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. If an ahead-of-print publication is cited, the DOI number should be provided. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited in superscript after punctuation. The reference styles for different types of publications are presented in the following examples.

**Journal Article:** Economopoulos KJ, Brockmeier SF. Rotor cuff tears in overhead athletes. *Clin Sports Med.* 2012;31(4):675-692.

**Book Section:** Fikremariam D, Serafini M. Multidisciplinary approach to pain management. In: Vadivelu N, Urman RD, Hines RL, eds. *Essentials of Pain Management.* New York, NY: Springer New York; 2011:17-28.

**Books with a Single Author:** Patterson JW. *Weedon's Skin Pathology.* 4th ed. Churchill Livingstone; 2016.

**Editor (s) as Author:** Etzel RA, Balk SJ, eds. *Pediatric Environmental Health.* American Academy of Pediatrics; 2011.

**Conference Proceedings:** Morales M, Zhou X. Health practices of immigrant women: indigenous knowledge in an urban environment. Paper presented at: 78th Association for Information Science and Technology Annual Meeting; November 6-10; 2015; St Louis, MO. Accessed March 15, 2016. <https://www.asist.org/files/meetings/am15/proceedings/openpage15.html>

**Thesis:** Maiti N. *Association Between Behaviours, Health Characteristics and Injuries Among Adolescents in the United States.* Dissertation. Palo Alto University; 2010.

**Online Journal Articles:** Tamburini S, Shen N, Chih Wu H, Clemente KC. The microbiome in early life: implications for health outcomes. *Nat Med.* Published online July 7, 2016. doi:10.1038/nm4142

**Epub Ahead of Print Articles: Websites:** International Society for Infectious Diseases. ProMed-mail. Accessed February 10, 2016. <http://www.promedmail.org>

### REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author (s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

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## CONTENTS

### A-X Editorial

#### Original Articles

- 73** Determination of the Relationship Between Craving and 4-repeat Allele of *DRD4* Gene Polymorphism in the Early Withdrawal Period of Alcohol Use Disorders  
*Hasan Kaya, Neslihan Akkişi Kumsar, Aybeniz Civan Kahve, Özlem Bolat Kaya, Nesrin Dilbaz*
- 79** The Effect of Traumatic Loss on Posttraumatic Growth Among 2011 Van Earthquake Survivors: The Mediating Role of Posttraumatic Stress  
*Solmaz Şenyüz, Deniz Ergün, Ebru Çakıcı*
- 85** Electrocardiographic Evaluation of the Ventricular Arrhythmia Risk in Patients Diagnosed With Schizophrenia  
*Filiz Özsoy, Çağrı Zorlu, Şüheda Kaya*
- 90** A Comparison of Cognitive Functions and Nutritional Status in Nursing Home Residents and Community-Dwelling Elderly  
*Müge Yılmaz, Sibel Arguvanlı Çoban, Habibe Şahin, Dilek Ongan*
- 94** The Relationship Between Peer Bullying and Anxiety-Depression Levels in Children With Obesity  
*Nilfer Şahin, Ulviye Kırılı*
- 100** Decreased Theory of Mind Abilities and Increased Emotional Dysregulation in Adolescents With ASD and ADHD  
*Fatih Dağdelen*
- 106** The Relationship Between Violent Behavior in Healthcare Settings and Communication Skills: An Empirical Study on Provincial Hospitals in Ankara  
*Atikullah Ghiasee, Mustafa Sağsan*
- 113** Medical Faculty Students' Views on Euthanasia: Does It Change With Medical Education?  
*Hatice Tuba Akbayram*

#### Case Reports

- 118** Delirium After Pregabalin Withdrawal  
*Ali Metehan Çalışkan, İkbâl İnanlı, Sıla Çalışkan, İbrahim Eren*
- 120** Dissociative Aggression Triggered by Headache  
*Barış Metin, Sinem Zeynep Metin, Yasin Abanoz, Hamide Laçın, Kemal Arıkan*

## EDITORIAL

### Psychiatric Treatment Approaches in the Post-COVID-19 Period

The coronavirus disease 2019 (COVID-19) pandemic has had a serious impact on the world in a way that we never expected. It continues to be a threat even today, and we do not know when it will end. Vaccination has just begun, and we are living with the hope that this would end the pandemic soon.

The COVID-19 pandemic impacts almost every area negatively. It has directly affected the health sector by causing deaths and paving the way for some severe diseases. It has also severely affected education, economy, and social life and has more or less negatively changed people's psychological state. If we focus solely on the field of psychiatry, some very important problems are already accumulating. When things settle down, we will meet individuals who are seeking treatment, whose treatment is incomplete, or whose mental health is affected by COVID-19. There are some issues that may affect post-COVID-19 psychiatric treatment approaches, and we must be prepared for them.

First, many psychiatric patients could not visit psychiatry outpatient clinics or stopped using their medications owing to the extremely harsh measures taken during the pandemic, which included prohibitions and hospitals' approach of serving only emergency cases. This situation has caused the disruption and deterioration of the existing treatment of many psychiatric patients. It will be necessary to identify these patients and ensure that their treatment continues without interruption. Of course, it is necessary not to wait for the end of the COVID-19 pandemic for this effort.

Second, it should be known that COVID-19 infections may have psychiatric or neuropsychiatric presentations, and these may create differential diagnosis problems in the acute phase.<sup>1</sup> In addition, numerous studies show that a wide range of psychiatric disorders, such as anxiety disorders, depression, and sleep disorders, accompany the clinical situation in individuals affected by COVID-19. It has even been shown that having a psychiatric diagnosis can be a risk factor for COVID-19. Therefore, a bidirectional relationship between psychiatric disorders and COVID-19 infection can be revealed.<sup>2</sup>

Third, the recognition and treatment of post-traumatic stress disorders associated with COVID-19 is an important problem area. In addition, conditions that have become chronic or are associated with COVID-19 sequelae are part of the clinical practice problems of psychiatrists. The pandemic period has more or less affected the routine behaviors, social interactions, cleaning methods, and hygiene habits of individuals with and without psychiatric disorders and their anxiety and fear responses related to these behaviors. Although these behaviors are observed at an extreme level in some people, they directly affect the symptoms and clinical pictures of those with psychiatric disorders.

Healthcare professionals and the healthcare system take the fourth place. Many healthcare workers were infected in this pandemic and many died. Healthcare professionals worked with extraordinary effort but with anxiety and fear. Therefore, healthcare professionals display a defensive attitude, and some prefer not to meet patients directly or prefer to delay direct contact if possible. On the other hand, health authorities have given priority to patients infected with acute COVID-19, as expected, and reduced health support in other areas.

Now and for the post-COVID-19 period, the main factors that will contribute to the treatment of individuals with psychiatric disorders will be important to understand. It brings along the necessity of making preparations in the field of psychiatry.

It is necessary to understand the regulations that are to be made by health authorities and governments and some important steps to be taken in the field of psychiatry. Studies need to be planned and conducted for the treatment of psychiatric disorders in terms of COVID-19 and post-COVID-19 periods. It is a fact that there is a publication explosion on COVID-19, but alongside areas such as epidemiological, anxiety, depression, and COVID-19 phobia, it will be appropriate for researchers to target research topics related to psychiatric treatment. It should be remembered that medical education is important. It is a necessity to spread the literature enriched in published scientific articles and the clinical experience obtained owing to a large number of patients to psychiatry residents and medical students. In addition, planning how to provide psychosocial support will help to overcome the mental health problems we may encounter in the upcoming period.

In the upcoming days, a great burden awaits us regarding the treatment of those with psychiatric disorders, and preparing for this will be the primary remedy.

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