**COVID-19 and the future of mental health nursing?**

I join Mental Health Practice as consultant editor – succeeding the irreplaceable Ian Hulatt – at the most extraordinary of times. After months of the COVID-19 crisis we should reflect on its long-term implications for mental health nursing.

Mental health nurses (MHNs) have shared the burden of COVID-19 along with the rest of society, but many have had the additional stress of working in difficult, high-risk settings. Those from black, Asian and minority ethnic groups have further anxieties related to their own increased risks. MHNs in universities have seen their courses suspended and/or redesigned.

We have witnessed an enormous groundswell of public support for the NHS, but must ask whether this will lead to additional resources and support overall, and more specifically for mental health nursing.

Sustained changes are likely in ways of working in mental health services, with staff time saved through reductions in face-to-face meetings and associated travel, which will help to accommodate an inevitable increase in service demand.

There is some evidence that virtual mental health interventions can be effective and may be preferred by service users. However, getting the balance right between virtual and face-to-face care will be challenging. For example, MHNs who have carried out crisis assessments in individuals’ homes know the richness of understanding that can come from being in that intimate environment.

I am convinced that a major strength of mental health nursing is that the role is not tightly defined, and its boundaries are flexible. This inherent flexibility will enable us to respond positively and imaginatively to the needs of service users in the future.

MHP will continue to provide insightful and informed commentary to assist in charting that journey.