In discussing costs of COVID-19 on our quadruple burden of disease, Hofman and Madhi[1] mention psychological ramifications, but not mental illness. This omission might be related to difficulty in quantifying mental illness, paucity of data or scant interrogation in physical health research. Perhaps mental illness is assumed to fall under non-communicable diseases, or maybe it is not perceived as integral to our disease burden. Nevertheless, omitting discussion on COVID-19 costs regarding incident mental illness; compromised access to maintenance treatment, increased relapse and hospitalisation; and the vulnerability of PWMI to substance use, assault, homelessness and mortality, keeps mental illness in our blind spot. How then will it feature in co-ordinated, collaborative research and healthcare planning?

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