Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Telepsychiatry: A game-changer during Covid-19 pandemic and a wave of future psychiatry in India

On March 30th, 2000, telemedicine was launched in Aragonda in Chittor district of Andhra Pradesh, India by Mr. Bill Clinton former president of the United States of America (Sharma, 2000). In 2004, The Schizophrenia Research Foundation (SCARF) pioneered the telepsychiatry services in India (Tharoor and Thara, 2020). On 25th March 2020, Government of India published telepsychiatry guidelines which were followed by on April 13th, 2020, e-Sanjeevani outdoor platform was launched (BOG, 2020; PIB, 2020). This led to a spurt of 302 percent in teleconsultation and 502 percent spike in the utilization of telepsychiatry in people above the age of 50 years in India during the Covid-19 pandemic (Ganguly, 2020). Centers for Disease Control recommended that clinical services should be provided through virtual means during the Covid-19 pandemic (CDC, 2020).

The Covid-19 pandemic has provided many lessons and revealed shortcomings in traditional health care systems. The pandemic provided an impetus for minimizing health disparities among the global population (Tandon, 2021a,b). The way the Covid-19 pandemic produced opportunities for telepsychiatry growth is an important task for all stakeholders. The online survey conducted by Indian researchers during the Covid-19 pandemic found a high prevalence of distress, fear, anxiety, depression in the general population (Grover et al., 2020). In India, the half-hearted approach by health authorities in telepsychiatry demands more sustained efforts and an increase the momentum gained in future post-pandemic time. This modality can be used to educate the public at large about issues relevant to mental health and illness. The real time sharing of information becomes crucial for health care professionals and policy makers in a crisis situation like Covid-19 pandemic (Tandon, 2021a,b). With optimal use of telepsychiatry services, the vulnerable population like the elderly, persons with comorbid conditions, minorities, and migrants can be better managed in India. Telepsychiatry assured patient's convenience, saving of time, finances, less stigmatizing, and less travel cost (Naskar et al., 2017; Malhotra et al., 2017, 2019; Khanra et al., 2021). Telepsychiatry could be chosen from any place in India and continuity of services as possible in post-pandemic time. COVID pandemic has seen a big increase in the number of people who need psychiatry care services. Some could not cope with a situation of pandemic as they have never faced this before. Millions have lost their jobs and livelihood and need some help to resolve their mental health issues. Telepsychiatry has dual advantages as the diagnostic and therapeutic value in India. Telepsychiatry has brought hope to bridge the huge treatment gap of 80 % reported in national mental health surveys 2015−2016 (Gururaj et al., 2016).

In some reports, positive views of patients about teleconsultation have been narrated. Patients initially reported fear and discomfort and over some time described increasing satisfaction with telepsychiatry mode of service delivery (Myers et al., 2017, Salomone and Maurizio 2017). Some authors highlighted that the patient's satisfaction with face-to-face consultation was significantly higher than telepsychiatry services (Sehlo et al., 2021). In another cross-sectional survey, mental health professionals reported positive perception about telepsychiatry. In this survey, 80 % of the participants reported that telepsychiatry is an alternative option to conventional practice for future psychiatry in a hospital setting (Kader et al., 2021). In a south Indian study, a good overall attitude towards video consultation among mental health professionals was reported. In India, the Covid-19 pandemic situation and restrictions in physical consultations were the significant contributing factors in altering attitudes of mental health professionals towards video consultation. The other findings of this study were comfort in using technology as the important factor influencing attitudes among participants with video consultation (Singh et al., 2021). Thus, improving mental health professionals' confidence in using technology could improve their attitude towards the telepsychiatry programmes in India (Kader et al., 2021).

In another Indian study, the saved travel cost with teleconsultation compared to face-to-face consultation over six months was an average of 16 h and INR 400 from teleconsultation. The number of teleconsultations was positively correlated with travel cost saved and time saved. The findings of this study narrated distance as a factor associated with availing of telepsychiatry services (Khanra et al., 2021). Previously similar cost-effective study findings were reported from north India (Malhotra et al., 2019). Telepsychiatry service is a cost-effective modality. Such studies indicated that with proper advancement in the information technology sector telepsychiatry can be the wave of future psychiatry in India. The policy planners, mental health professionals, service providers should collaborate to examine telepsychiatry research and development in contemporary times and beyond.

In India, there are far too trained mental health professionals. There is also great reluctance to visit mental health institutions by the patients. Mental health has been ignored and neglected for far too long in India. Telepsychiatry has immense potential as a game-changer during the covid era and beyond in consonance as mentioned in the literature of telemedicine fields (Hemdani et al., 2020; World economic forum, 2020). Some researchers advocated that telepsychiatry would be quite helpful in providing services to remote areas and reaching the unreached population of India (Behere et al., 2017). Telepsychiatry can be used not only for diagnosing patients and prescribing them medications but also for providing interventions at remote places. Thus, it has a therapeutic value as well.

Telepsychiatry is a double-edged instrument in providing patient care services in contemporary times. This service should not overburden the already working mental health care staff and the timing of the telepsychiatry services should be optimal in a health care institution.

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During the Covid-19 pandemic, the approach towards telepsychiatry was more patient-centric and less mental health professional-oriented approach. The electronic medical record documentation, outdated hospital information system, and legal hassles further burdened the mental health professionals in India. There is a need for separate manpower training and reorientation in this emerging subspecialty in psychiatry.

Telepsychiatry services were being provided in India without any standardized training protocol and certification courses. Its role in crises and emergencies is still not elaborated. The hybrid model of both face-to-face consultation and teleconsultation services is suggested to be more beneficial in the future time. All stakeholders of telepsychiatry in an integrated approach must develop curriculum-related with telepsychiatry so trainees could gain adequate knowledge in the future. In conclusion, telepsychiatry was a game-changer in the Covid-19 pandemic and could be a wave for future psychiatry in India. Telepsychiatry potential will be realized in the future as a positive attitudinal change towards this modality was reported by mental health professionals and patients during the Covid-19 pandemic in India. Its further implementation and progression in India need an integrated approach between government agencies, the information technology sector, the health care industry, and mental health care experts.

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