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.

The hope and hype of telepsychiatry during the COVID-19 pandemic

During the COVID-19 pandemic, telepsychiatry services have received increased attention and had unprecedented growth worldwide. Governments have encouraged academic institutions, professional associations, entrepreneurs, and companies to provide telemedical and telepsychiatry services and relaxed existing rules and regulations.[1] Mental health professionals and companies are using Zoom, Skype, WhatsApp, Facebook, and other popular freely available platforms to provide online psychiatric services rather than developing a secured and dedicated hotline or mobile phone app with the help of digital health experts and IT professionals. Even non-professional personnel can provide so-called telepsychiatry services as there are no regulatory bodies in many low-income and middle-income countries, such as in Bangladesh. Though this type of basic telepsychiatry service is gaining popularity among mental health professionals and clients in Bangladesh, we should not underestimate the risk and long-term negative consequences of these unplanned, sporadic, and unsupervised services. Health professionals put their privacy and personal life at risk by sharing their phone numbers and social media profiles publicly for telepsychiatry services.[2] By sharing their personal information health professionals could be exposed to overwhelming numbers of intrusive and unproductive calls and messages.

Telepsychiatry could be most helpful for people who are poor, refugees,[3] or living in remote and rural areas in Bangladesh. However, their access to telepsychiatry services might be limited by their inability to purchase a suitable device. Their access could be further restricted by having poor or no mobile network or internet coverage, being exposed to social stigma, and living in a financial crisis. The financial dynamics are becoming more complicated because economic collapse is forcing the vulnerable community to prioritise food over mental health care. There are insufficient data on the acceptability, reliability, and interoperability of digital health services, or the incentives of patients and professionals to use them.[4]

The hype of telepsychiatry might create an extra burden to existing health-care systems as they will need to monitor and control telepsychiatry services. The accelerated investment of government and other stakeholders in telepsychiatry services might deprive other vital sectors in the health-care systems of funding. Telehealth is a disruptive process[5] and without appropriate supervision and monitoring, it can lead to negative consequences.

The tendency to provide false and misleading information during teleconsultation is another threat to this emerging health sector in Bangladesh. Professionals should consider the different cognitive skills and knowledge of their clients to ensure their information is clearly and completely received. As telepsychiatry services gain popularity, the relevant policy makers and device manufacturers or service providers should recognise the digital divide and consider the ethical challenges of ensuring equitable access and privacy protection. Both the clients and professionals need training and practice to optimise the benefits of the service. Telepsychiatry services should be culture and context specific, keeping the clients at the centre of care. Governments and regulatory authorities should develop and enforce strategies and recommendations for appropriate, risk-based regulatory frameworks on telepsychiatry. Telepsychiatry can serve millions of people who have or are at risk of developing a mental illness during the COVID-19 pandemic and afterwards; however, the services need to be evidence based, organised, and sustainable.

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