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## Letter to the Editor

## Digital psychiatry in COVID-19 pandemic: An Italian perspective



Dear Editor,

The COVID-19 (or SARS-2) is a pandemic characterized by a respiratory infectious disease caused by a new coronavirus (Huang et al., 2020).

The spreading of the infection through the countries led the governments to decree a *lockdown* with a suspension of all socializing activities. In Italy, for instance, quarantine as well as limitations in travel, blocking of non-essential commercial and productive activities have been adopted. Most of work as well as socializing activities have been converted on the internet in the last weeks worldwide. There is no doubt that pandemic promoted a large and global digital experience.

Current digitalization, including telemedicine and telepsychiatry, is not a novelty but a consolidation of an ongoing process in the last decade. Many social psychiatrists have highlighted the importance of technology in the post-modern era (Ventriglio et al., 2017). It has been argued that technology may change the “*sense of self*” in the digital generation. Also, it is well recognized that technology has been affecting individual cognition, educational imprinting as well as brain structure and functioning in the last decades (Prensky, 2013). Tonioni (2013) argued that the sense of *self* and *individuality* are deeply influenced by the digital sensory perception. Boredom or waiting in the human relational experience are both replaced by immediacy, shrinking of time, multitasking processes and fast information delivery. These different digital coordinates, in particular space-time one, technological sense of reality, changes in subjectivity, may lead to newer forms of psychopathology: internet gaming disorder, compulsive internet use, cybersuicide, cyberchondria etc.

In Italy, the psychiatric reform law (named Law 180/1978) highlighted the importance of community care and declared the closing of mental hospitals.

Nowadays, the Department of Mental Health (DMH) is the local unit providing mental health care for the community. It is composed by Community Mental Health Centers (CMHCs), Day Care Facilities (DCFs), General Hospital Psychiatric Units (GHPUs) and Residential Facilities (RFs). CMHCs are the *core* of the community-based treatment, reserved for all adult psychiatric outpatients, also coordinating therapeutic and rehabilitation activities delivered by DCFs and RFs.

In our opinion, CMHCs might be technologically potentiated in the COVID-19 era. The *cyberspace* should be a new opportunity for patients, allowing them to access their care easily, rapidly with higher standards of safety for themselves and mental health care professionals.

Generally, DMHs do not provide a telepsychiatry service and are not accounted on social media. Official websites do not include interactive online components and it may happen that information is not daily updated. DMHs, especially CMHCs, are achievable online but are “jammed” within the digital space. Mental health should engage digital interactivity, especially during the COVID-19 epidemic. Also, an

official, accurate, reliable information on Mental Health should be provided online to promote prevention and encourage an early access to care: the unavailability of mental health information online may lead to mistrust in the possibility of being helped by public services.

United Nations Educational, Scientific and Cultural Organization (2017), estimated that the world population connectedness to the internet will rise from 54% (current) to 90% within 2030. We believe that Telepsychiatry, as well as an active presence of DHMs on the web, may be helpful instruments for spreading mental health in the post-modern society and move psychiatry with the times. COVID-19 pandemic, beyond the relevant negative impact on global public health, mental health and economy, may represent a “*vis a tergo*” for the development of a digital psychiatry.

We may suggest:

- Public Mental Health System, in Italy, should promote a rapid process of digitalization with the employment of newer technology for spreading official, reliable information about mental disorders, their prevention, treatments and appropriate pathways to care.
- Delegates for Public Mental Health, Psychiatric Associations, Users’ and Family Associations and Policy makers, should promote shared discussion tables for dealing with major technical, economical and ethical issues related to digitalization of mental health care.
- Scientific Sections or Societies of Digital Psychiatry, involving leading experts, should be promoted in the country.

In conclusion, the COVID-19 pandemic may be a start point for a rapid digitalization of mental health in Italy. In the last three months, the employment of digital communication and digital space has suggested newer ways of dealing with therapeutical approaches, beyond geographical and administrative borders.

Mental health and society go hand by hand and mental health care needs to move with times.

#### Disclosure statement

Nothing to declare.

#### CRediT authorship contribution statement

**Alessandro Gentile:** Writing - original draft. **Domenico De Berardis:** Supervision. **Carmin Tomasetti:** . **Antonio Ventriglio:** Writing - review & editing.

#### Declaration of Competing Interest

None.

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