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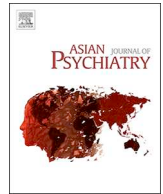
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Letter to the Editor

Response to: Rethinking online mental health services in China during the COVID-19 epidemic



Dear Sir,

We read with interest, the paper by Yao et al., titled “Rethinking online mental health services in China during the COVID-19” (Yao et al., 2020). This paper has given perspective from China about low utilisation of online mental health services and highlights the significant digital divide among different economic sector in China. The author further goes on to say that rigorous evaluation and quality assurance of online mental health services is not done in low and middle income (LAMI) countries. In this letter, we wish to highlight a couple of issues that are relevant to existing online mental health services in India and its applicability/acceptability during COVID 19 pandemic.

Among the 4 major issues that are discussed in the above correspondence, few are not very different in India like the digital divide and low utilisation of mental health services. The recent Telecom Regulatory Authority of India 2020 report says, on an average 27.57 per 100 rural population and 104.25 per 100 urban population have an internet subscription, exposing the digital divide in India (Govt of India, 2020).

In India, both synchronous (Agarwal et al., 2019; Das et al., 2020; Gowda et al., 2018) and asynchronous mode of video consultation (Balasinorwala et al., 2014) are in place since the last two decades (Chellaiyan et al., 2019). However, the utility has remained minimal as there were no guidelines and laws about the use of telemedicine in clinical practice. Tele psychiatry services specifically saw the first surge during the devastating tsunami of 2004, when services were provided to people of coastal areas of Tamil Nadu (Thara and Sujit, 2013). Today we have another such natural disaster COVID-19, which has brought the country to standstill with no modes of transportation available whatsoever. Fortunately, we have significant technological advancement to implement tele-psychiatry.

As a parallel developments to the above, the Telemedicine Centre of the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, has been pioneering the use of tele-psychiatry for clinical services. For example, Das et al. have shown that synchronous mode of direct video consultation is feasible, acceptable, clinically effective and saves considerable amount of money and travel time (Das et al., 2020). Two other studies coming from the same centre have shown that more than 80 % of stable patients can be managed with teleconsultation alone (Agarwal et al., 2019; Gowda et al., 2018). These findings indicate that synchronous direct video consultation based follow-ups are feasible and acceptable for clinically stable patients with a known psychiatric disorder. Since the past three years, the centre has carried out more than 800 direct video-consultations (non-emergency follow-up cases) without any hiccup. Lastly, provision also is made for first time consultation for mental health issues. In March 2020, Medical Council of India has released guidelines for telemedicine practice. The guideline has given the freedom to clinicians to use their judgment in deciding when teleconsultation is appropriate and has also

simplified the procedure for obtaining consent (BOARD OF GOVERNERS In supersession of the Medical Council of India, 2020).

In the face of COVID-19 pandemic, with restrictions on travel and public gathering, telepsychiatry assumes special significance. The emerging evidence mentioned above compel us to think that the time is ripe to make further inroads and strengthen telepsychiatry services, which has the potential to bring in a paradigm shift in the way clinical psychiatric services are provided.

However, the following caveats need to be kept in mind before concluding: telepsychiatry is still emerging as a science and a lot of evidence base has to accumulate before getting accepted by clinicians automatically into their armamentarium, role of telepsychiatry in handling emergencies is obviously more challenging and finally, clarity needs to come on data security, privacy and confidentiality.

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Author contribution

All the authors have contributed and approved the final manuscript.

Declaration of Competing Interest

None.

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