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Letter to the Editor

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

The COVID-19 epidemic in China has ignited another epidemic of stress, anxiety and depression (Bao et al., 2020). Since the outbreak of COVID-19, the Chinese government has taken proactive measures to contain not only the spread of the novel coronavirus but also that of psychological distress in the public. A series of national and provincial policies were enacted to guide emergency psychological crisis interventions for the epidemic. And mainly due to their high feasibility, online mental health services, as Liu et al. (Liu et al., 2020) noted, have been established as essential measures to address mental health needs in the epidemic and have been sprouting up in China since last month.

However, we are writing to raise several concerns with regards to online mental health services in China during the COVID-19 epidemic. First, to date, most of our attention has been focused on the provision of online mental health services, with the utilization of these services to a large extent neglected. In fact, China has long been faced with an extremely low rate of mental health service utilization (Shi et al., 2019). And based on one survey involving 108 participants with high acute stress in this epidemic (defined as experiencing at least "sometimes" ≥ 3 dissociative, ≥ 1 avoidance, ≥ 1 intrusive, and ≥ 1 arousal symptoms in the Stanford Acute Stress Response Questionnaire), we found that as low as 3.7 % of them had ever used mental health services since the outbreak of COVID-19. And it is still unknown whether online mental health services can improve mental health service utilization especially in low and middle-income countries (Kauer et al., 2014).

Second, a significant digital divide still persists in China (Hong et al., 2017). Individuals with lower socioeconomic status (SES) might not have as much access to digital technologies, on which online mental health services rely heavily, as those with higher SES do. And considering the former are more vulnerable to mental health conditions, we are worried whether lopsided development of online mental health services in this epidemic will widen mental health disparities in China.

Third, the effectiveness of online mental health interventions in low and middle-income countries has not been rigorously evaluated whatsoever. Also, it is debatable whether such interventions are universally appropriate for targeted populations, which include lay people, frontline responders, and family members of patients with COVID-19.

Forth, quality assurance still remains problematic for a majority of online psychological services in low and middle-income countries. And in China, accreditation, registration and licensure requirements for counselling psychologists have not been officially established, which imposes more threats to the overall quality of online mental health services.

All in all, many questions remain unanswered with regards to online mental health services in low and middle-income countries and much more efforts are still needed to improve mental health service delivery in China during the COVID-19 epidemic.

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Declaration of Competing Interest

None of the authors have any conflicts of interest to disclose.

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Pay tribute to all health workers who are battling with the epidemic.

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Harvard T.H. Chan School of Public Health, Boston, MA, USA

Jian-Hua Chen^{a,b,*}

^a Shanghai Clinical Research Center for Mental Health, Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200030, China

^b Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London SE5 8AF, UK E-mail address: chenjhv@smhc.org.cn.

Yi-Feng Xu

Shanghai Clinical Research Center for Mental Health, Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200030, China

E-mail address: xuyifeng@smhc.org.cn.

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^{*} Corresponding author at: Shanghai Clinical Research Center for Mental Health, Shanghai Key Laboratory of Psychotic Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai 200030, China.