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Letter to Editor

MEETING THE UNMET MENTAL HEALTH NEEDS DURING COVID-19: WHERE DOES TELEMEDICINE STANDS DURING THESE TIMES IN INDIA?

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Sir,

The coronavirus disease (COVID-19) has emerged as a major public health concern worldwide. Starting from Wuhan in China, this disease has spread to nearly each and every corner of this planet that led WHO to officially declare it as a pandemic on 11th March 2020. This pandemic has posed threat at multiple levels viz medical, social, political, economic, religious, cultural and civilizational which also narrowed down to our household, work, our way of living and has unearthed a never-ending question of existentiality (Jakovljevic et al. 2020). Issues like infection fears, maladaptive cognitive schemas with faulty attributions to the infection fear, possibility of infecting near ones, quarantine, frustration, boredom, lockdown and its effect on stagnating our physical and mental processes, dissatisfaction with control measures, a surge of misinformation, conspiracy theories, inadequate supplies, financial loss, stigma about the infection and a feeling that this pandemic is not going to end soon, all have taken their toll on mental health globally (Jakovljevic et al. 2020). These led to emergence of depression, panic disorders, phobia, stress and sleep related disorders and even suicide. While infection control and case management have taken priority, there is always a need to look for these mental health issues amongst both the common people and those who are directly and indirectly fighting this pandemic. A similar need is also true for people who are at high risk for decompensation because of their pre-existing mental illness.

Issues like lockdown and quarantine have a negative impact on persons with mental illness (PMI) both by increasing boredom and leading to relapses and also by nastily curtailing the access to care. While a continuous follow up of such patients and a source of psychotropics is necessary so as to prevent a relapse, the access to psychiatric care should be available in as and when needed basis. Telemedicine approach (telepsychiatry) can play a crucial role here leading to bridging the gap in care (Kannarkat et al. 2020).

According to the United States Food and Drug Administration, "Telemedicine refers to consultative services to individual patients and the transmission of information related to care, over distance, using telecommunications technologies." (White et al. 2001). The modalities for such can be a text message, a telephone consultation or a video call which is initiated by a patient/caregiver with the aim of obtaining care (Ministry of Health and Family Welfare; Government of India 2020). In psychiatry, telepsychiatry ensures mental health care services at the doorstep of its beneficiaries. Thus it carries with it the advantages of:

- Continuation of care when nationwide lockdown precludes hospital visits. This prevents relapse from severe mental illness and also prevents and mitigates withdrawal effects of addictive substances.
- Preventing hospital visits thus minimizing infection risks.
- Assessing emergency conditions like suicidality, medication side effects which would otherwise have gone unnoticed.
- Maintaining adequate documentation of a teleconsultation by both patients and doctors; thus ensuring legal safety.
- Disseminating specialist psychiatric services at remote areas.
- Being a cost effective alternative to in-person consultations (travel costs, hospital visit costs etc).

Compared to other medical disciplines, psychiatry has the advantage of diagnosing and managing a patient with minimal physical contact. A major portion of psychiatric assessment (history taking and mental status examination) can be done through telepsychiatry. Non-pharmacological therapies including meditation and yoga can also be done through teleconsultations for those who aren't able to meet their therapists. The issues of assessing motor side effects of psychotropics, checking the physical parameters however needs an in-person consultation. A balance thus needs to be created to subtly tailor a teleconsultation weighing it against a need for an in-person visit so that individualistic therapy can be effectively delivered.

Some perceived disadvantages of telemedicine are related to privacy and confidentiality of information both at the psychiatrist and the client end along with a perceived inadequacy of a thorough examination. There are technological glitches, issues related to consent,

medicolegal issues and also in relation to fee payment when the psychiatrist is working in a private sector (Naskar et al. 2017). Nevertheless, considering risk-benefit analysis in this pandemic scenario, telepsychiatry will always weigh more towards an effective mode of consultation with active support from guidelines being developed in many countries.

In India, The Schizophrenia Research Foundation (SCARF) pioneered telepsychiatry services. Their services during the devastating tsunami in 2004 have been acclaimed worldwide (Naskar et al. 2017). From then, India saw a spurt in this form of consultation both in rendering mental health care as well as in meeting the needs of imparting knowledge to primary healthcare workers. On 25th March 2020, the board of governors in supersession of the Medical Council of India (MCI) published the 'Telemedicine Practice Guidelines' thus enabling Registered Medical Practitioners to provide telemedicine consultations in India. It has eased telemedicine (as well as telepsychiatry) practice and has also answered many questions with regards to the nuances of its application (Ministry of Health and Family Welfare; Government of India. 2020). This was followed by a gazetted notification by the Indian Government on 12th May 2020, which led to official enactment of telemedicine practice in India (Government of India. 2020). The National Institute of Mental Health and Neurosciences (NIMHANS), a premier institute in India collaborated with the Indian Psychiatric Society and the Telemedicine Society of India and came up with a recent guideline (May 2020) specifically on telepsychiatry practices which further refined and smoothened the path of telepsychiatry in this country (Bada Math et al. 2020). No doubt, these directives and guidelines were issued taking into consideration the need for continuing medical care during this pandemic and it also for the first time made a rule validating its practice in the territory of the Indian subcontinent henceforth.

In conclusion, it needs to be emphasized that healthcare delivery system is an ever changing and ever modifying system that has evolved over time based upon the needs of the population. Telepsychiatry, though a new concept, can pave forward effective mental health services at times and at places where the in-person mode of consultation is not possible. It can go a long way to meet the unmet needs thus making for the existing treatment gap.

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