TELEPSYCHIATRY - FROM A DREAM TO REALITY IN BANGLADESH

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Abstract
The governments of Low and Middle Income Countries are struggling with poverty, political instability, social inequality and inadequate health care facilities. Mental health services never get adequate attention to overcome all of these priority issues. These countries are stressed with a wide mental health treatment gap and there is no sign of adequate initiatives to minimise this gap. However, Information Communication Technologies (ICT) sectors show explosive growth. The landscape of ICT in the health sector is expanding every day. Most developing countries have no national mental health data base or electronic health record. With the help of ICT countries can collect real time data, and record the data from mobile devices in a cost effective manner. The problem of lack of trained mental health professionals, wide geographic area coverage and the large number of patients can be overcome by using telepsychiatry services. People can contact a psychiatrist or psychologist from their mobile phone whenever they need help. It removes the cost of travelling, the need to wait for an appointment and avoids the fear of being stigmatised as being mentally ill. Electronic algorithm based diagnostic systems provide professional expertise and can assist poorly trained personnel in primary care settings. Millions of people can be contacted at a time using Short Message Service (SMS), Interactive voice response (IVR) and video clips. This can be used to reduce the stigma and improve treatment adherence, two important obstacles in mental health service in low income counties. Social Networking Sites like Facebook have opened new horizons for understanding mental health conditions and providing interventions. Friendsourcing is interesting area to for mental health. All these aspect can transform mental health in Low and Middle Income Countries with their available resources.

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Introduction
Bangladesh is a developing country of 160 million people where the Information and Communication Technologies sector has exploded in the recent years. People are now more connected with each other with the improved nationwide mobile network and Internet coverage. More than 90% of the families enjoy mobile phones and the Internet penetration doubled in the last three years.¹,² The government has taken this opportunity to ensure universal health coverage and emergency support by telemedicine service. A national call centre was established ibn April 2016 and thousands of people are taking advice from registered doctors everyday at low cost cost.³

However, the situation in mental health is more complicated. The first national survey on mental health reported in 2006, found that 16.1% of people were suffered from a mental disorder.⁴ However, a recent study reported the rate to be 31%. Fewer than 200 psychiatrists and around 50 clinical psychologists are struggling to deal with this huge burden.⁵ Moreover, almost all of the mental health professionals are aggregated in the capital city Dhaka. As a result, access to adequate mental health services is problematic in most of the parts of the country and in the districts there is no opportunity at all for mental health service.

As a result only 32 per 100,000 people seek help from psychiatric facilities.⁶ Marginalised and poor people are more susceptible to mental disorders and they have the least access to care. There is a high high prevalence of antenatal depression among rural women, who rarely seek treatment for their depression.⁷ However, all these rural citizens are covered by community clinics and union health centres equipped with mobile phones and Internet connectivity. Moreover it is assumed that someone in a family has a mobile phone and communities and
healthcare providers are ready to accept mHealth services in rural Bangladesh. This sets a perfect setting for a telepsychiatry service. Telepsychiatry can be broadly defined as the use of ICT to provide or support psychiatric services across distances. The importance of using mobile phone services in mental health in Bangladesh was highlighted in 2015. Afterwards the first multidisciplinary 24/7 telespychiatry service was started in January 2016. The programme is run by a group of psychologists lead by psychiatrists supported by the IT experts and innovative local organisations and mobile operators. People are able to contact mental health professionals easily at any time without investing time and money. It connects patients and caregivers. People are getting psychological support and first aid after initial trauma and an emergency such as after sexual assaults. Moreover, misconceptions and long standing stigma regarding mental illness are being broken. People feel more comfortable talking about sexual dysfunction and other problems that can't be shared with friends, family or society. However, they feel comfortable sharing and seeking help that may be embarrassing during face to face conversation. The telepsychiatry service is working on child development disorders, and advising on positive parenting training, addressing all the common mental disorders and other psychological disturbances with psychotherapy and pharmacotherapy, only provided by a registered psychiatrist, and ensuring proper referral as necessary for each case.

Following the example of this service, many organisations are attempting to work on mental health. These telepsychiatry services appear promising and beneficial for people of every strata. It was a dream of patients, parents and practitioners: it is now on their grasp. A suicide help line has been working for a couple of hours every day for the last few year and few dedicated websites have been developed to increase mental health awareness. Appropriate use of technology for delivering mental health services can be a turning point in the mental health care system. It is therefore imperative that we review and apprise ourselves of the existing developments, shortcomings, and challenges in the field of telepsychiatry and debate its potential in our setting.

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References
