TELEPSYCHIATRY FOR TRANSFORMING MENTAL HEALTH SCENARIO

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Abstract

Low and Middle Income Countries are struggling with poverty, political instability and inadequate healthcare facilities. Mental health hardly gets adequate attention and is relegated by other priority issues. The countries are stressed with a wide mental health treatment gap without any sign of adequate initiatives to minimise this gap. However, Information Communication Technologies (ICT) have shown promise in this regard. With the help of ICT the problem of lack of trained mental health professionals, wide geographic area coverage and huge number of patients can be overcome. People can contact a psychiatrist or psychologist from their mobile phone whenever they need help. It removes the cost of travelling, overcomes the need to wait for an appointment and by-passes the fear of being identified as mentally ill during a visit to the psychiatrist. Millions of people can be addressed at a time using Short Message Service (SMS), Interactive voice response (IVR) and video clips. All these can reduce the stigma of mental health and can improve treatment adherence, two important obstacles in mental health service in low income countries. Social Networking Sites like Facebook have opened new horizons for understanding mental health conditions and providing interventions. All these initiatives indicate the potential of telepsychiatry to transform the tragic mental health scenario in Low and Middle Income Countries.

Keywords: telepsychiatry; treatment gap, Facebook

Introduction

Health is one of the basic human rights and “No health Without Mental Health” is one of the popular slogans of World Health Organization.¹ However, are we doing enough for mental health? Most of the governments of Low and Middle Income Countries are struggling with poverty, political instability, social inequality and inadequate healthcare provision and facilities. Mental health services are neglected, are of low priority in policy making and receive the least funding in these countries. The World Health Organization attributes 14% of the global burden of disease to mental health disorders, and three quarters of the people affected in low-income countries do not have access to the treatment they need.² Moreover, the treatment gap for people with mental disorders exceeds 50% in all countries of the world and it was 90% in the least resourced countries.³

The causes of this huge gap may be attributed to lack of funding, resistance to decentralisation of mental health services, challenges of implementation in primary-care and the low number of mental health personnel.⁴

Technology and Mental Health

Mobile phone and Internet use has grown rapidly in recent years all over the world. The International Telecommunication Union (ITU) reported more than seven billion subscribers (i.e. active SIM cards) for mobile cellular phone and devices at the end of 2015 and 2G internet coverage reached to 95% of habitated areas.⁵ Hence, the landscape of Information and Communication Technologies (ICT) in the health sector is expanding every day. Government and other healthcare agencies are using and investing in information technology to improve the quality and efficiency of service delivery. Moreover, the World Health Organization (WHO) considers that mobile technologies have the potential to transform the face of health service delivery across the globe.⁶ This trend has also observed in the mental health sector.
Telepsychiatry has the potential to overcome the barriers of insufficient trained mental health professionals, wide and remote geographic coverage and the huge burden of patients, by using online or mobile phone based mental health services. People can contact a psychiatrist or psychologist from their mobile phone whenever they need help. It can be used for diagnostic and therapeutic issues including emergency situations (suicide plan or after trauma). Telepsychiatry is a viable solution to increase access to quality mental health services as it has demonstrated significant potential to increase access to mental health treatment for several populations who, in the past, may have lacked appropriate care. It reduces the cost of travelling, to need to wait for an appointment in most of the cases and can overcome the fear of being identified as mental patients and stigmatised. Telepsychiatry appears to be cost and clinically effective as well as acceptable to the patients. The lack of adherence to medication is a major issue in psychiatric care. Mobile text message reminders improve antipsychotic adherence and clinical outcomes. The huge popularity of social networking sites open a new horizon for the management of mental illness. It can be used to promote and treat various mental illness. All these aspect can transform the tragic condition of mental health in Low and Middle Income Countries with their available resources.

Conclusion

A robust global collaboration among the researchers, stakeholders and caregivers can ensure a more rapid transformation of the tragic conditions of patients with mental disorders using technology, and telepsychiatry can be the most effective solution.

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References


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