



Letter to the Editor

Impact of COVID-19 on mental health: A watershed moment in tertiary care service provision in India?



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Prevalence of psychiatric morbidity in India is 10.8 %, with 0.8 % having severe mental disorder (Sagar et al., 2020). There are just 3 psychiatrists per million population, with a treatment gap of 83 %, particularly for tertiary care (Gautham et al., 2020).

COVID-19 pandemic has changed the circumstances in which people live and has led to increase in stress levels. There is reportedly a significant effect of COVID-19 pandemic on mental health and vice versa (Tandon, 2020). Preliminary data suggested that 18–28 % experienced anxiety and depression as a common reaction to the pandemic (Rajkumar, 2020). A recent survey in India reported that more than 80 % of participants experienced anxiety and preoccupation with contracting COVID-19, 12.5 % sleep difficulties and 34.6 % distress related to social media. More than 80 % perceived a need for mental health care (Roy et al., 2020). While a matter of concern, it represents a greater demand on the limited mental health care resources, over and above the existing treatment gap.

Our tertiary care centre in South India has been recognized as one of the world's best hospitals by Newsweek (Newsweek, Newsweek World's Best Hospitals- Top Specialized, 2020). In the past year, a total of 6 lakh patients received specialised neuro-psychiatric treatment at our centre. About 80 per cent of them (4.5 lakh) received the treatment at a highly subsidized cost (NIMHANS Annual Report, 2019). To contain the spread of COVID-19, the Government announced a nationwide lockdown in March 2020 and hence we closed down our outpatient services. We continued to provide emergency and inpatient care, like several other tertiary care centres in the country.

The closing down of outpatient services necessitated the rethinking of service provision. Telephone follow-up consultation of patients previously registered with the hospital was initiated. The hospital contacted 6000 plus patients who were due for a follow-up visit. They were connected with their nearby primary health centres, both urban and rural, across the country. In addition, psychotropic medications were supplied to dispensaries within the city, for easier access by our patients. An IVRS-based follow up service was started for patients previously registered, with telephone follow ups and e-prescriptions, in line with the telemedicine practice guidelines of Medical Council of India. Video-based telemedicine consultations have been scaled up and will soon be opened for new consultations too. The Disaster Management services under the National disaster management act 2005 has sprung into action (National Disaster Management Authority, 2005).

Newer groups of people, who were hitherto uncovered, were

brought under our services. A COVID-19 mental health helpline was initiated to help the general public with their mental health concerns and two lakh plus calls have been registered till date. Brief online mental health screening and psychosocial support for quarantined individuals in isolation facilities and migrants in shelter homes was initiated. Furthermore, our centre has taken up leadership roles in developing guidelines which include COVID-19 mental health care for general medicine and specialised mental health care settings, telemedicine practice guidelines and tele-psychotherapy guidelines.

The tertiary care hospital based model of mental health service provision has given way to a community based approach. Tertiary care services have extended beyond the walls of the hospital and into patients homes, through tele-medicine. The district mental health services, once neglected, are now viewed as an alternate system for decentralising mental health services. The potential of tele-psychotherapy is being explored and we have developed guidelines for the same. The demand for elective inpatient care for persons with mental illness has drastically reduced. Triaging is the likely way forward in determining preferential in-person versus tele-consultations. With the pandemic not showing signs of abating and with restrictions in travel and mass gatherings likely to remain, hospital based tertiary care appears to be a less likely preferred option for mental health service provision in India in the foreseeable future. Has COVID-19 caused a watershed moment in mental health service provision in India? Only time will tell if challenges would be converted to opportunities for a better change.

Declaration of Competing Interest

None of the authors have any conflict of interest

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