Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Telepsychiatry and healthcare access inequities during the COVID-19 pandemic

We are a team of psychiatrists from countries representing all six World Health Organization regions. During the COVID-19 pandemic, mental health departments in our countries have been forced to close most outpatient services and even some inpatient units, with psychiatrists often being deployed to medical units to cope with the pandemic. These measures have strained these departments' ability to support the population, due to the higher demand for their services and the increasing difficulties in providing care onsite. Still, the role of mental health care has remained crucial during these times of crisis (Tandon, 2020). We have already witnessed how telepsychiatry has proven a vital resource for the delivery of mental health care, and we have put forth a call for its use in all phases of the pandemic (Ransing et al., 2020). However, it is still uncertain whether the way in which various healthcare services have adapted to COVID-19, an adaptation that has often included adopting telemental health care, will be able to withstand the pandemic (Kavoor et al., 2020).

Unfortunately, most of our countries were not entirely prepared to adopt this resource (Pereira-Sanchez et al., 2020). Telepsychiatry had played a very marginal role before the pandemic, except in Colombia, Egypt, Kosovo, New Zealand, Singapore, and the United States of America. These countries, with the exception of Egypt, Kosovo, and Singapore, also had local guidelines for telepsychiatry. However, in most countries, it was mainly limited to private practice, and there was no adequate training for practitioners. So, while only a few countries had a somewhat well-established telepsychiatry practice, even fewer had sufficient training and local guidelines to support practitioners.

There are additional challenges hindering the further use of telepsychiatry. These include legal barriers, particularly in Brazil and Italy - although circumvented during the pandemic, and the population's limited digital literacy or lack of access to the necessary tools, such as internet connection. In Colombia, for example, service users are required to have simultaneous face-to-face support by general practitioners (GPs), hindering the use of telepsychiatry for remote regions with no access to GPs. The difficulty in most countries to provide e-prescriptions adds an extra hurdle; for instance, in Iran, service users can only access subsidized medication with a hard copy prescription.

Despite these barriers, the use of telepsychiatry has grown exponentially (De Sousa et al., 2020; Zhou et al., 2020). Psychiatrists in all our countries are offering telecare to the general population and additional support to colleagues and non-specialists practitioners. Particular attention has been paid to healthcare workers at the front lines, whose care needs are often driven by the additional stress associated with their circumstances. Its utilization varies across different clinical and cultural contexts, but with an overall positive reception. The population seems open to this resource, and mental health professionals are keen to use it too – albeit somewhat unsupported in most countries. However, all the barriers mentioned above are preventing its broader use, especially to support remote or low socioeconomic populations within each country. In other words, precisely those who are likely to be in greater need of this resource are those less likely to have access to it.

Telepsychiatry is playing a crucial role during the pandemic, and it seems that it is here to stay. It is clear that telepsychiatry has proven a useful tool in the delivery of mental health care and it should be added to the repertoire of all mental health care services. Furthermore, it should be considered a valuable resource for the task of providing support and care to those coping with the aftermath of the pandemic (Das, 2020). For most of our countries, the COVID-19 pandemic has offered a small window into the possibility of using telepsychiatry to provide this support. However, while it would be ideal for everybody to have access to all means necessary to liaise with mental health providers online, this is not always the case, and the COVID-19 pandemic has brought this situation to the foreground. It is imperative to address e-mental health care access inequities, and this is not a task for the future but for the present; moreover, it is a long pending debt with the population.

Declaration of Competing Interest

None to declare.

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