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Letter to the Editor

Is it correct to estimate mental disorder through online surveys during COVID-19 pandemic?



COVID-19 infection hit the globe in late 2019 and spread widely across multiple nations to infect more than 5 million people across the world by this date. Since then, there have been multiple research articles on psychological impact of COVID-19 and the situation associated with it (e.g. quarantine, social isolation, physical distancing, etc.). Many researchers are resorting to online surveys, abiding by physical distancing rules, to assess its psychological currently. A narrative review of mental health and COVID-19 showed that 28 articles have been published of which 4 are original studies, all from China. (Rajkumar, 2020) Two out of these four studies were done through online survey or mobile app. (Wang et al., 2020; Li et al., 2020) The rates of psychiatric disorders through various online surveys have come out to be much higher than general population. (Wang et al., 2020; Li et al., 2020; Huang and Zhao, 2020) However, it is important to note that the validity of diagnosis based on checklist items in online surveys is not similar to face-to-face interviews, as psychiatric diagnosis are different form medical diagnosis, which is largely pathophysiological. Psychiatric diagnosis requires fulfilment of criteria outlined in the diagnostic classificatory systems as well as should be associated with clinically significant 'dysfunction/ distress or impairment'. Several psychiatric diagnoses may be misclassified if the psychosocial dysfunction/ distress is not taken into account, similar to what has been called as 'clinical significance criterion' in DSM or 'clinically recognisable symptoms' in ICD. It has been acknowledged that such signs and symptoms may be present in general population and may be normal variant. (Clark et al., 2017) Hence, face-to-face interviews are considered gold-standard. Often the dysfunction and distress related to the illness is not emphasized upon in such surveys. It was emphasized in the UNIVERSAL online survey of World Mental Health International College Student (WMH-ICS) that overestimation is likely (Ballester et al., 2019).

Some more points to be considered include the significance of assessing occupational status at the time of lockdown, quarantine, and social isolation, as practically employed individuals may also be less engaged in work (unless working from home). Of course, being employed would increase the sense of security and financial issues. The significance of occupation may be different from what usually is. It is, thus, important to view these results in the light of caution as the we need to limit the panic which may be created related to spurious rising prevalence of psychiatric morbidity and may unnecessary expose to pharmacological agents. There is also a possibility of promoting medications in the population which may not indeed be required. It also

holds implications in guiding the policy makers who formulate the guidelines for managing psychiatric morbidities during this time. The researchers may use terms like 'symptoms' in their estimation instead of claiming estimation of 'diagnosis/ disorder'. (Huang and Zhao, 2020) In the same study the term "depressive symptoms" was used but also mentioned generalised anxiety disorder without significant dysfunction/distress criterion. The intention of this paper is not to downplay the efforts of the researchers trying to estimate the illnesses while avoiding physical interaction, but to alert the readers in being cautious in interpreting the results.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.psychres.2020.113251](https://doi.org/10.1016/j.psychres.2020.113251).

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