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LETTER TO THE EDITOR

24-hour mobile phone helpline service for women discharged from mother-baby psychiatry unit (MBU): Is it enough?

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Dear Editor,

Technology in general, and mobile smartphone technology in particular, has become a valuable medium for disseminating information and deploying public health interventions on a large scale. Telephone helpline services can be a good way to exchange information, provide health education and assistance to manage symptoms, recognize complications early, and to reassure and provide quality care remotely.

In a recent publication, Ragesh et al. (1) reported on the feasibility, acceptability, and usage patterns of a 24-hour mobile phone helpline service for women discharged from a mother-baby psychiatry unit in India. The calls received were related to a variety of subjects, including medications, sleep problems, pregnancy planning, symptom exacerbation, appointments, and suicidal ideation. The authors concluded that the helpline phone service appeared to be feasible and acceptable and could be adapted for use in other mother-baby psychiatry units in low and middle-income countries.

Mobile phone interventions have proven to be useful in developing countries in various contexts, such as crisis intervention, medication issues, and reporting domestic violence, and this trend gained further momentum with the onset of the coronavirus 2019 (COVID-19) pandemic (2). Many developing countries centralized triage dedicated to domains such as domestic violence, mental health crisis, physical health issues, and child abuse. Unfortunately, there has not been much funding to start such services on the Indian subcontinent. Access to any kind of psychiatric services continues to be limited, whether in-person, by phone, or video. Feasibility calculations can depend on the distance between the patient's location and a local institution. It will be interesting to see a comparison of the feasibility and the acceptance of traditional modes of interaction and teleconsultation (3).

It is noteworthy that it is assumed that advice related to future follow-up using local services will be discussed upon discharge. Due to the geographic size and cultural diversity of India, a person in crisis might not be able to access help if their only opportunity is to present at a local institution. As part of good clinical practice, a discussion of how to access remote assistance should ideally take place with the patients and their family during pre-discharge counseling sessions. Any information about services would likely be much appreciated and accepted. However, the authors did not

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discuss ethical issues related to tele-follow up, such as, what to do when a person in crisis calls from another part of India with the hope of some extraordinary help, and would providing such support reduce the likelihood of connecting with the local service in the first place? (1). It is important to have face-to-face or at least telephonic follow-up after discharge, but ideally, such service should be available near the patient. Due to poor funding for mental health in India, services are unlikely to be generalized outside research-based service areas. To conclude, it would be of great value if the same team or other labs pointed out the importance of the need in a more comprehensive form in terms of geographic and cultural context in the near future with further research.

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REFERENCES

1. Ragesh G, Ganjekar S, Thippeswamy H, Desai G, Hamza A, Chandra PS. Feasibility, acceptability and usage patterns of a 24-hour mobile phone helpline service for women discharged from a mother-baby psychiatry unit (MBU) in India. Indian J Psychol Med 2020; 42:530-534. [CrossRef]
2. Schuh Teixeira AL, Spadini AV, Pereira-Sanchez V, Ojeahere MI, Morimoto K, Chang A, et al. The urge to implement and expand telepsychiatry during the COVID-19 crisis: Early career psychiatrists' perspective. Rev Psiquiatr Salud Ment (Engl Ed) 2020; 13:174-175. [CrossRef]
3. Luxton D, McCann R, Bush N, Mishkind M, Reger G. mHealth for mental health: Integrating smartphone technology in behavioral healthcare. Prof Psychol Res Pract 2011;42:505. [CrossRef]