

Tanjir Rashid Soron*

Cyberpsychology Research and Consultation Center,
Dhaka, Bangladesh

Dates: Received: 11 February, 2017; Accepted: 27
February, 2017; Published: 28 February, 2017

*Corresponding author: Tanjir Rashid Soron,
MBBS, MPH, MD, Cyberpsychology Research and
Consultation Center, Dhaka, Bangladesh, E-Mail:
tanjirSORON@yahoo.com

<https://www.peertechz.com>

Editorial

The rapid growth of information communication technology (ICT) has brought new hope for people with mental illness who were beyond health and social service for long time. It has transformed the health service for many Low and Middle Income Countries and most of the governments are motivated to incorporate information communication technology for health sector. As the developing countries are stressed with high demand in contrast to low resources, here, mental health hardly receives adequate attention overcoming all the other priority issues. However, evidence revealed more than 75% of the affected people with mental disorders live in this region and in the least resource area about 90% of the affected people do not get their required care [1].

Despite the resource constrains Telecommunication sector has gone through explosive growth in the developing countries like all over the world. Almost every family possess a mobile phone and the mobile network covers most of the part of the world. Mobile phone and internet is connecting people all over the world and giving the opportunity to reach mass people within a minute. Information communication based mental health service can be considered one of the best available options in this regard. Hence, it is time to utilize this device to ensure adequate care for those who were beyond the boundary of the usual health service and overcoming the challenges of inadequate number of trained mental health care professionals, insufficient fund and wide geographic area coverage. A mobile phone based mental health service has the potential to help patients living in isolated or rural areas. Moreover, the service is cost effective as it removes the cost of traveling and time of waiting for the appointment of psychiatrists or psychologists. From the personal experience and research evidence it can be noted that establishing a mobile based mental health service requires minimum funding and other resources to implement. In most of the cases, this type of mental health services are

Editorial

Mobile Phone for Mental Health

provided around the clock so that patient or clients get the privilege to contact with the psychiatrist or psychologist when they need it most or in emergency situation for a crisis intervention [2]. People carry mobile phone all the time and a service with this tiny device is the most comfortable and convenient for them. Crisis intervention with mobile phone can be more effective and desirable for the emergency situation such as after being the victim of sexual harassments or in dealing with suicidal ideation when people are shy to talk and to seek help from others through a face to face conversation. Moreover, clients feel more comfortable to talk over phone about the sensitive and stigmatized issues such as the sexual dysfunction. A regular Short Text Message (SMS) can reduce stigma about psychiatric disorders and it has the potential to improve the adherence to the treatment [3, 4]. Moreover, mobile apps and sensors all are helping to collect data, disease monitoring, predicting and treatment [5,6].

Telepsychiatry service has been serving people for the last few decades and the developed countries had targeted the video conference based service. However, it is the high time to target the poor who have a basic mobile phone and is living in the low resource settings. So far, mobile phone based mental health service is making a huge contribution in improving the global mental health scenario though a long way still to go.

References

1. Patel V, Maj M, Flisher AJ, De Silva MJ, Koschorke M, et al. (2010) Reducing the treatment gap for mental disorders: a WPA survey. *World Psychiatry* 9: 169-176. [Link: https://goo.gl/r5FhPw](https://goo.gl/r5FhPw)
2. Depp CA, Mausbach B, Granholm E, Cardenas V, Ben-Zeev D, et al. (2010) Mobile interventions for severe mental illness: design and preliminary data from three approaches. *J Nerv Ment Dis* 198: 715-721. [Link: https://goo.gl/nf3rzQ](https://goo.gl/nf3rzQ)
3. Downer SR, Meara JG, Da Costa AC (2005) Use of SMS text messaging to improve outpatient attendance. *Med J Aust* 183: 366-368. [Link: https://goo.gl/Uqv23y](https://goo.gl/Uqv23y)
4. Corrigan PW, Druss BG, Perlick D a (2014) The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychol Sci Public Interes* 15: 37-70. [Link: https://goo.gl/XZQAR0](https://goo.gl/XZQAR0)
5. Chan S, Torous J, Hinton L, Yellowlees P (2015) Towards a Framework for Evaluating Mobile Mental Health Apps. *Telemed e-Health* 21: 1038-1041. [Link: https://goo.gl/zezUMA](https://goo.gl/zezUMA)
6. Brooks L, Schirmer TN (2014) Mobile Apps for Mental Health. *Psychiatr Times* 1-3. [Link: https://goo.gl/YWSSA4](https://goo.gl/YWSSA4)

Copyright: © 2017 Soron TR. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.