The Use of Telemedicine in Providing Mental Health Support for the Flood Victims of Pakistan

Sir,

We wish to draw the attention of concerned stakeholders to the issue of the mental health challenges faced by the flood victims of Pakistan. The recent floods in Pakistan left a deep impact on the physical and mental well-being of the victims. So, it is important to address these mental health issues along with their rehabilitation process.

The recent floods in Pakistan affected about 33 million people. These floods caused damage to their homes and livelihoods, and loss of their loved ones, resulting in mental health issues like post-traumatic stress disorder (PTSD), depression, and anxiety. In a study done in 2020, about 36% of flood victims were reported to have PTSD, 28.3% were diagnosed with anxiety, and 20% with depression. Unfortunately, the affected areas do not have sufficient facilities to deal with the mental health crisis.

Telemedicine seems to be a practical solution to this problem. The widespread use of mobile phones and the internet allows mental health professionals to deliver their services to remote areas through phone, text messages, and video conferencing. The main benefit of telemedicine is that it can deliver mental health therapy at the door steps without travelling in-person, thus saving cost and time. It can serve as a solution to the shortage of mental health professionals as a single professional can address the needs of hundreds of victims.

It is reported that about 73% of people with mental health problems remain untreated. It could be due to the stigma associated with these problems. Telemedicine can overcome this limitation by ensuring the privacy of the victims and encouraging them to seek help without any fear.

As telemedicine relies heavily on internet connectivity and suitable technology, it can be difficult to implement telemedicine to its full potential in flood-affected areas. One solution is deploying mobile telemedicine units equipped with satellite-based communication. In areas where internet connectivity is an issue, we can use audio calls using the mobile network to deliver telemedicine services. The use of generators, solar panels, or alternate power sources can be helpful in areas without electricity.

The government and healthcare teams should collaborate with relief organisations to provide more coordinated and comprehensive care to patients and should also launch an awareness campaign to educate the local population. We urge the government and other organisations to allocate funds and provide a system to train its healthcare professionals so that mental health support reaches all the individuals in flood-affected areas.

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