



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 91653

**Title:** Digital psychiatry in low-and-middle-income countries: New developments and the way forward

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04700321

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Associate Professor, N/A

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** India

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2024-01-08 06:59

**Reviewer performed review:** 2024-01-08 08:17

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This editorial reviews the development of digital psychiatry over the past seven decades, especially in relation to improving mental healthcare in LMICs. It discusses the high burden of mental disorders and large treatment gap in LMICs and how digital psychiatric services can help address these issues. The article summarizes recent evidence on the efficacy, feasibility, and acceptability of digital interventions for various psychiatric conditions in LMICs. It also highlights innovative uses of digital tools like mobile health technologies and online training of non-specialist health workers to support task-shifting approaches. However, there are still many barriers affecting the implementation of digital psychiatry in resource-constrained settings. More implementation research focusing on contextual factors, readiness assessments, stakeholder involvement, and reducing the digital divide is needed. 1. The introduction could be shortened to allow more space for discussing the recent developments in digital psychiatry in LMICs. 2. More details are needed on the types of digital psychiatric interventions that have shown efficacy - web-based, mobile, VR etc. 3. Expand the section on use of mHealth for task-shifting in LMICs. Provide more examples of



**Baishideng  
Publishing  
Group**

7041 Koll Center Parkway, Suite  
160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-399-1568  
**E-mail:** office@baishideng.com  
**https://**[www.wjgnet.com](https://www.wjgnet.com)

successful implementations. 4. Include a section on impact of COVID-19 in accelerating uptake of digital mental health services globally including LMICs.