

Manuscript NO: 91653

Manuscript type: EDITORIAL

“Digital psychiatry in low-and-middle-income countries: new developments and the way forward”

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REPLY TO REVIEWERS

3 SCIENTIFIC QUALITY

Reviewer #1:

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.

Reply: The introduction (“Digital psychiatry: seven decades of progress”; pages 4-6) has been reduced by more than 150 words.

2. More details are needed on the types of digital psychiatric interventions that have shown efficacy - web-based, mobile, VR etc.

Reply: More details about the comparative efficacy of different types of digital interventions in LMICs has been included in a separate section (Choosing the most appropriate form of digital psychiatric services for LMICs; pages 10-11).

3. Expand the section on use of mHealth for task-shifting in LMICs. Provide more examples of successful implementations.

Reply: The section on mHealth in task-shifting has been expanded by adding a table on the successful implementations of digitally-based task-shifting trials (Pages 39- 40).

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

Reply: The section on “Digital psychiatry in LMICs during and after the coronavirus disease 2019” (Pages 14-15) has been expanded to include the impact of COVID-19 on accelerating the uptake of digital psychiatric services globally as well as in LMICs.

All changes have been highlighted in yellow.

The reference list has been expanded to 108 references. There are no self-cited references.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

Reviewer 1; Language Quality: Grade B (Minor language polishing)

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other

related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Reply: The language of the revised manuscript has been edited to ensure that all grammatical, syntactical, formatting and other related errors have been resolved, so that the revised manuscript will meet the publication requirement (Grade A). A new language certificate for the revision has been provided. However, since this manuscript is not funded, free software has been used. for this purpose, which is also our institute's policy. Based on my previous submissions, I believe that the language quality, which is grade B at present will reach grade A following the revision. If the editors suggest any changes to the language of the text, I will be happy to incorporate these.

5 ABBREVIATIONS

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

Reply: No abbreviations in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Reply: Standard abbreviations have been used. Running title is 4 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

Reply: Standard abbreviations (LMICs) have been used. Abbreviations have been defined upon first appearance in the Abstract.

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

Reply: No abbreviations have been used as key words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

Reply: Abbreviations have been defined upon first appearance in the Core Tip.

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

Reply: Standard abbreviations have been used. All abbreviations have been defined upon first appearance in the Main Text.

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

Reply: No article highlights in the revised editorial.

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

Reply: No article highlights in the revised editorial.

6 EDITORIAL OFFICE'S COMMENTS

(1) Science editor

(1) Advantages and disadvantages: The reviewers have given positive peer-review reports for the manuscript. Classification: Grade B; Language Quality: Grade B. The reviewed paper reviews the development of digital psychiatry over the past seven decades, especially in relation to improving mental healthcare in low- and middle-income countries. The abstract is acceptable. The introduction needs to be corrected. The overall content is informative, well-researched, and evidence-based. However, there are several areas need some revision: (1) The introduction could be shortened; and (2) The impact of COVID-19 on low- and middle-income countries in the global adoption of digital mental health services should be discussed.

Reply: The introduction (“Digital psychiatry: seven decades of progress”; pages 4-6) has been reduced by more than 100 words. The section on “Digital psychiatry in LMICs during and after the coronavirus disease 2019” (Pages 14-15) has been expanded to include the impact of COVID-19 on accelerating the uptake of digital psychiatric services globally as well as in LMICs.

(2) Main manuscript content: The author clearly stated the purpose of the study and the research structure is complete. However, the manuscript still requires a further revision according to the detailed comments listed below.

Reply: Manuscript has been revised according to the detailed comments listed below.

(3) References: A total of 102 references are cited, including 41 published in the last 3 years. The author does not have self-cited references. The cited references are overall sufficient and reasonable. The reviewer didn't request the authors to cite improper references published by him/herself.

Reply: The reference list has been expanded to 108 references. There are no self-cited references.

4 Academic norms and rules: Please provide the filled conflict-of-interest disclosure form.

Reply: Signed conflict-of-interest disclosure form has been provided.

5 Specific comments:

(1) Please provide 4-10 keywords.

Reply: Six keywords have been provided.

(2) Please provide the source website address for references without PMID and DOI.

Reply: Source websites have been included for all references without PMID/DOI and website addresses (Ref nos. 4, 5, 17-19, 42, 87, 94, 108)

(3) Please add the author's contribution section. The format of this section will be as follows: Author contributions: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.

Reply: The author's contributions in the title page has been modified.

Author's contributions: Subho Chakrabarti is the sole author of this manuscript. He decided the theme of the manuscript, performed the literature search, and drafted the manuscript.

6 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

(2) *Company editor-in-chief:*

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the *World Journal of Psychiatry*, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure (medical imaging) to the manuscript.

Reply: A table has been added to the revised manuscript.

When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the *Reference Citation Analysis (RCA)*, of which data source is PubMed. *RCA* is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our *RCA* database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Reply: A line has been added to the revision (Page 8) stating that the Reference Citation Analysis tool was used for the literature search.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

Step 7: Upload the Revision Files

For all required accompanying documents (listed below), you can begin the uploading process *via* the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.

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Reminder: If any of the authors do not receive the email of CLA, please check the spam folder. If the author still can't find the email, please contact us via email at: submission@wjgnet.com.

Reply: The Copyright License Agreement has been provided.

9 CONFLICT-OF-INTEREST DISCLOSURE FORM

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Reply: The Conflict-of-Interest Disclosure Form has been provided.