

It seems that the response to our review touches upon two issues relating to telepsychiatry: inequality in access and virtual clinical rotations. As we recognised in our paper, much of the literature has traditionally focused on English-speaking and/or more developed countries. This does pose a risk of skewing data and not representing the intersecting needs of the communities served by telepsychiatry. We would urge future researchers to continue to consider this specifically when designing studies or reviewing the literature.

In relation to the virtual clinical rotations, the emerging research does pose interesting questions about a possible future format for education. This harkens back to the purported origins of telepsychiatry in the 1950s, when it was used for long-distance medical student teaching. We do wonder what the risks would be of moving electives or clinical rotations from face-to-face to virtual. Would students be able, for example, to develop understandings of team working and institutional dynamics? Would they too miss out on the formative phenomenological experiences of being with patients and their families?

Telepsychiatry is effective and likely to continue to be present in many healthcare systems around the world. As clinicians, though, we must strive to ensure that future iterations of virtual medicine remain safe for professionals and patients alike.

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Declaration of interest

None

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The case for routine screening for e-cigarette use in psychiatry

Smoking e-cigarettes, also known as vaping, has become an increasingly common practice in the past decade, with recent estimates of lifetime prevalence of 23% globally.¹ Despite this, the incidence of documentation of e-cigarette use in medical records by clinicians remains relatively low,^{2,3} perhaps indicating that e-cigarette use is not routinely screened for or that patients do not inform clinicians about their use.

As smoking e-cigarettes is a relatively new phenomenon, there remains a paucity of literature regarding its adverse effects. However, recent research has demonstrated a host of side-effects, including but not limited to cytotoxicity, oxidative stress and pulmonary injury.⁴ Although the impacts on mental health remain largely unknown, a recent cross-sectional study

by Oh et al found a positive correlation between vaping and psychotic experiences in college students in the USA, even after adjusting for marijuana use and the presence of depression or anxiety.⁵ Similarly, a recent scoping review found positive associations between e-cigarette use and depression, suicidal ideation and suicide attempts.⁶ Although these findings do not necessarily suggest a causative relationship, especially acknowledging the significant heterogeneity among e-cigarette devices, these studies do indicate a potential link between e-cigarette use and mental illness.

As such, there may be benefit to routinely screening for e-cigarette use in a standard mental health history. Data derived from health services, as well as individual clinician experiences, can assist in determining the potential risks of this increasingly popular practice moving forward.

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Declaration of interest

None

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I aim to specialise in acute paediatric mental health; why isn't psychiatry the obvious choice for training?

Given the theoretically large overlap in care provided by psychiatrists and paediatricians, young people's mental health