



GUEST EDITORIAL

Virtualization of mental health care in the midst of chaos: Is telepsychiatry a silver lining?

Fatih Oncu¹, Yasin Hasan Balcioglu¹

¹Forensic Psychiatry Unit, Bakirkoy Prof Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery, Istanbul - Turkey

“The pain of parting is nothing to the joy of meeting again.”

Charles Dickens

The level of urgency for radical transformative change to our healthcare systems has raised due to the coronavirus 2019 (COVID-19) pandemic, a seminal, global event that has compelled societies to manage many challenges, including implementing various precautions, such as quarantine regulations, social distancing, travel restrictions, and individual isolation. During the COVID-19 pandemic, the morbidity and mortality rate of many non-COVID-19 illnesses increased because healthcare systems have become saturated and overwhelmed. Healthcare workers are experiencing tremendous difficulties, including deaths among staff. Patients with needs for regular and emergent care may go untreated as a result of mitigation measures and individual reluctance to go outdoors (1). The need for physical distancing and other measures led to the rapid worldwide adoption of telehealth solutions, which can provide an opportunity for patients to access medical advice, healthcare, and treatment via remote communication technologies.

The use of remote communication technologies has provided important benefits to all spheres of medicine during the extremely challenging conditions of the COVID-19 turmoil as an additional means to deliver the most effective healthcare possible. Telepsychiatry was well-positioned to address the need for services

based on existing scientific evidence that has demonstrated its efficacy across a broad range of diagnoses, populations, and settings (2–4).

Telephone-based therapy was an early example of remote mental healthcare services (5), and closed-circuit television systems have been used to provide a live transmission of therapy sessions to students for educational purposes (6). In subsequent years, with the expansion of the internet and the addition of other technologies, telemental health services have been implemented in numerous pilot programs, including correctional facilities and universities, and use has become widespread in various countries (7). Telephone-based mental health services have become available in Turkey in recent decades, including a suicide crisis intervention hotline administered by the Bakirkoy Prof. Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery, and remote substance abuse counseling services provided by the Ministry of Health and the Turkish Green Crescent Society (8,9). More recently, the Psychiatric Association of Turkey and the Ministry of Health have offered online mental health support designed to help both patients and healthcare workers with the psychosocial effects of the pandemic (8,10).

Psychiatry has been at the forefront among medical disciplines in the use of communication technologies to deliver services because it has long been known that access to mental healthcare is a worldwide problem, especially for rural populations (11). Psychiatrists

How to cite this article: Oncu F, Balcioglu YH. Virtualization of mental health care in the midst of chaos: is telepsychiatry a silver lining? Dusunen Adam The Journal of Psychiatry and Neurological Sciences 2021;34:219-222.

Correspondence: Yasin Hasan Balcioglu, Forensic Psychiatry Unit, Bakirkoy Prof Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery, Istanbul - Turkey

Phone: +90 536 547 71 47 **E-mail:** yhasanbalcioglu@gmail.com

continue to be a rare human resource; the global median number of psychiatrists is approximately only 1 for every 100,000 members of the population (12). Low-income countries are 120-times more disadvantaged in terms of psychiatrist count than high-income countries, however, some groups are hard to reach in any country. These may include residents of rural areas, prisoners, immigrants, refugees, migrant laborers, individuals without health insurance, those with physical disabilities, those with language or cultural restrictions, and the elderly. The limited access to mental healthcare can result in disproportionate effects (13,14). Telemental health services evolved in order to meet unmet needs and address inequities in access to mental healthcare. Telepsychiatric services allow clinicians to perform diagnostic assessment and psychotherapeutic sessions, follow-up, treatment and crisis intervention remotely.

Following the proliferation of telepsychiatric services, there was significant interest in research of the efficacy of remote mental health services. The clinical effectiveness of such practices has been examined in the contexts of patient identification, ability to increase accessibility to services, validity and reliability, and cost-effectiveness (3,15). Several randomized, controlled studies conducted among patients with depression (16), anxiety disorders (17), obsessive-compulsive disorder (18), post-traumatic stress disorder (19), and eating disorders (20) have demonstrated that videoconferencing and other telepsychiatric interventions can be equal to or superior to conventional psychiatric therapeutic approaches in terms of efficacy. Findings from meta-analyses have indicated that the efficacy and retention in telemental health treatment may be comparable to face-to-face care in certain diagnostic groups (21,22). Research has indicated that cognitive behavioral therapy and approaches can be easily implemented online in many patient groups and can be as effective as face-to-face practice (23–25). Many authors have noted that mental health professionals can easily establish robust therapeutic relationships with their patients despite being at a distance (26,27). Though there are some concerns regarding the risk of misevaluation and an inability to intervene in acute conditions, telepsychiatric approaches have been found to be effective both in the accuracy of identification of the risk of suicide and in preventing suicide, as well as other psychiatric emergencies (28,29). Importantly, however, crisis interventions should be performed by trained and experienced clinicians.

We would also like to mention forensic telepsychiatric practices, defined as the use of telecommunication technology to provide mental

health services in a medicolegal context (30). These initiatives provide opportunities for forensic mental health evaluation, clinical consultation, and education. Secure video conferencing facilities are often readily accessible in courts, prisons, and secure hospitals in many countries, however, many forensic psychiatrists are reluctant to use them due to confidentiality and reliability issues (31). We believe that telepsychiatry has the potential to facilitate interaction between the various components of the justice system and forensic practices, including assessment, testimony, and treatment in order to provide prompt, appropriate, and accessible forensic mental health services.

Of note, though clinicians, patients, and various systems have adjusted to rapid virtualization due to the COVID-19 pandemic, challenges remain. One of the most prominent thorns in the flesh for telepsychiatry is the need to carefully assess ethical perils. The existing ethical frameworks are well tested for real-time, face-to-face delivery of mental healthcare. However, additional review and the creation of specific guidelines for telepsychiatric practice related to admissions, referrals, assessment methods, diagnosis, treatment and prescription modalities, documentation, competency and certification, consent, autonomy, confidentiality and platform eligibility is needed. Stoll et al. (32) identified 6 areas of ethical challenges for the delivery of remote mental healthcare: data security, privacy, and confidentiality; clinical safety of telepsychiatry recipients; competency and readiness of telepsychiatric practitioners; legal, regulatory, and financial concerns; informed consent for services; and social justice concerns. The ethical challenges should not be overlooked. The risks to data security related to freely available software could be avoided by using encrypted and secure applications provided by governmental authorities. Issues regarding clinical safety, such as with suicidal or hostile patients, must be clearly outlined. As appropriate, these patients should be diverted to conventional admission and treatment systems. The competency of practitioners must be ensured with sufficient training programs, and licenses should be confirmed by the appropriate regulatory authorities (33). Informed consent practices must be observed, and detailed consent procedures should be developed (34). Social justice and financial concerns that limit the equitable provision of services could be overcome through public funding and government investment.

The full use of telepsychiatry practice is also limited by reduced access among socioeconomically disadvantaged populations who cannot afford the

necessary devices or may not have internet access. Such social and financial conditions mitigate the availability and effectiveness of remote psychiatric services and often force vulnerable communities to prioritize basic needs over mental health care (35). Government and healthcare providers could accelerate investment in much needed and relatively easily providable telehealth services to ensure equitable access that is cost-effective and successful. However, it is important that the implementation of telepsychiatric services be considered carefully. The qualifications of both service providers and patients are important. Patient cognitive ability, hearing and visual impairments, and other considerations must be evaluated carefully to ensure that information and medical advice is clearly and completely received. Training for telepsychiatry is not typically included in psychiatry or psychology training curricula. Though trainees have expressed increased interest in telepsychiatry in recent years, in many countries, training in telepsychiatric practices is not obligatory in mental health education and training programs. This may lead to inappropriate and inaccurate remote assessment and intervention methods that could have counterproductive results. Therefore, we suggest that formal mental health care programs should include telepsychiatry training that includes competency in technical requirements, clinical assessment, communication strategies, the therapeutic relationship, consultation, liaison with other disciplines, ethical and legal aspects, and evaluation of the sociocultural characteristics of patients (36,37).

Extraordinary times require extraordinary measures, practices, and treatment modalities. It has been recognized that during the COVID-19 pandemic, it is particularly critical not to lose sight of mental healthcare, given that many people are experiencing extra stress, anxiety, fear, and loneliness (32). Growth and success in telehealth has emerged as an unexpected silver lining of the COVID-19 pandemic and reminds us that it is critical to develop more effective mental health service delivery systems that can enhance treatment access and quality. Telepsychiatry can serve millions of people who may have or be at risk of developing a mental illness, however, the services need to be evidence-based, properly managed, and sustainable. The creation and supplementation of the appropriate legal instruments as well as formal professional ethical guidelines and other appropriate support for telepsychiatry could enable a greater ability to provide better, continuous mental healthcare, particularly to segments of the population most in need.

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