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LETTER TO THE EDITOR

Telepsychiatry: the remote care that unifies

From the beginning of 2020 the world has faced an urgent crisis of covid-19 pandemic. While the immediate problem of the health care providers is saving lives, a long-term challenge emerges: improving our ability to respond to outbreaks.[1] The purpose of this article is to highlight applications of telemedicine in the mental health care or telepsychiatry (TP) in response to the crisis. The opportunities and challenges of TP has been outlined.

The idea of using TP has attracted research already since 1973,[2] and the increasing use of the available TP technologies over the last years has provided strong evidence for its efficacy.[3] For example, internet-delivered cognitive behavior therapy, which has been compared to face-to-face treatment in randomized controlled trials, produced equivalent overall effects.[4] It is not surprising to see the psychiatry discipline at the forefront of telemedicine, given that some telemedicine aspects like virtual visits and remote patient monitoring are an especially good fit for providing mental health care. Many clients can be reached even easier remotely due to the stigma of the mental illnesses or the social interaction difficulties like in the anxiety and the obsessive-compulsive disorders. In the USA, where the geographical aspects create a large demand for reaching the clients remotely, TP has been most significantly used for mental health care in the rural areas. In Europe, the use of TP is upheaval, which during the covid-19 pandemics proved its potential by permitting patients to get the continuous care while minimizing their exposure to infection. Despite the initial concerns, we learned from the current crisis that TP is welcome and widely accepted by staff and patients.[5]

We propose that the inevitable transition to TP should prompt us to reflect upon the shape of the mental health services in the future. Video-based conferencing, internet-based psychotherapy and online assessment are the widely known applications of the remote mental health care. The application spectrum extends to the home treatment programs enhanced by virtual reality (VR), digital intervention and bio/neurofeedback. During the current covid-19 crisis, outpatient activity and liaison psychiatry used all sort of available applications like hotline for psychiatry teleconsultation, telephones, e-mails, instant applications and virtual meetings to overcome the quarantine and the fear of contamination. By doing this, the field is ready for the transition to a TP integrative system. But how should a TP system look like that we continue using in the future?

The actual requirements for teleworking in each branch of medicine are specific. For a requirement analysis in the field of psychiatry, it is important to remain open to embrace all the potential changes while the dimensions of applicability and feasibility remain extremely unclear. TP systems needs to incorporate solutions for the following challenges:

1) Accessibility and special needs: The psychiatry discipline entails multiple discourses and various practices. Mental health care is by nature collaborative, engaging several occupational groups like the therapists, the social workers and the nursing personal. Special client groups across the care continuum of age, socioeconomic background, heritage and culture, spoken language and digital skill level should be reached by TP.
2) Technology: Technical developments like growing broadband for streaming, high-performance mobile hardware, powerful sensors, cloud and edge computing continuously offer new prospects for TP clients. The technical considerations regarding telemedicine have become less problematic in the recent years, while the problem of interoperability between various systems and integrating workflows continue to evolve.
3) Regulatory aspects: Solutions for the recognized challenges of TP including reimbursement, data protection, licensure and regulations should be implemented. Upcoming challenges call for additional solutions, which need to be integrated continuously.

These operations will be primarily growing asynchronously. It is important to ensure that the interconnections between the changing dimensions are identified and can be controlled.

In our view, the evolving of TP is a chance to reposition the mental health care as an intersection of personalised care, technology and knowledge/skill. This health care venue presents a platform for digitally enabled collaboration of mental health stakeholders at the global level. To ensure the full potential of TP, a comprehensive digital ecosystem is required, where the link between the health services and the growing technology is maintained.

Ethical considerations

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