Telepsychiatry- A New Frontier
Rabab Rizvi
Consultant Staff Psychiatrist, JSA HEALTH, Telepsychiatry, TX, USA

Tele-medicine especially telepsychiatry is a fast growing field. This mode of assessing patients and formulating treatment plans works particularly well for psychiatry as patients are not physically examined by the psychiatrist even during face to face evaluations. Telepsychiatry can be defined as the delivery of health care and the exchange of health care information for purposes of providing psychiatric services across distances. The term is most frequently applied to the use of real-time videoconferencing. It is a rapidly expanding field in the United States. Other countries are also recognizing the benefits of telepsychiatry. The Mental Health Emergency Care-Rural Access Program (MHEC-RAP) in Australia helped Emergency department providers to manage mental health patients with confidence. There is recent evidence that telepsychiatry pilot programs are beginning in developing countries such as South Africa and India and in the Middle East.

It is an effective way to reach out to patients in remote areas or those who may not otherwise have access to mental health services. Tele-Problem solving therapy seemed to be an effective mode of treatment for depressed home bound adults. Hospitals which may not have enough psychiatric patients coming in to warrant hiring staff psychiatrists can get consultations from qualified, experienced psychiatrists. Same psychiatrist can cover multiple sites and be readily available. With continued national shortage of psychiatrists, use of telepsychiatry and locum tenens is expected to grow, with tele psychiatry offering advantages including lower cost, long –term services, quality of care.

On the personal front advantages include ease of working from home, time which may be otherwise spent commuting can be utilized for patient care, travelling plans may not necessarily interrupt patient care as arrangements can be made to form any place with good internet connectivity to assess, diagnose and treat patients. Of note in United States psychiatrists need to have the medical license for the particular state they work in and fulfil all the requirements for the state license including continuous medical education (CMEs). Psychiatrists residing in different time zones can help with covering evening and night shifts so the time difference can actually be turned into an advantage. At present I am doing night shifts (Central Time, TX), covering multiple sites for my workplace, during my daytime (since I am eight hours ahead), while residing in Saudi Arabia.

Telepsychiatrists help Emergency Department staff make clinical decisions about choosing the right medications, help manage drug withdrawal symptoms, make decisions whether admission to inpatient psychiatric facility is warranted or not. They also admit patients to mental health emergency centers do inpatient rounds with help of onsite staff and see patients in output clinics. All of this helps reduce the number of avoidable ER visits; helps provide care to many more patients then possible through traditional means of managing patients. In Texas, mental health emergency centers (MHEC), utilizing telepsychiatry free up Emergency departments to focus more on patients needing medical care.

One question I am frequently asked is whether the patients are comfortable with a telepsychiatry evaluation. The process is explained to patients before hand by on site social worker, registered nurse, patients sign a consent form before evaluation. So far in my clinical experience, patients have been very receptive and thankful for the care they receive. Research backs up this perception. Psychiatric consultation and follow-up delivered by telepsychiatry produced equivalent clinical outcomes when compared to face to face services, with similar level of patient satisfaction.

Though studies vary in quality, they generally demonstrate that telepsychiatry is effective across multiple age groups and clinical settings. Telepsychiatry is generally well accepted by patients and clinicians and is feasible to implement, with the suggestion that some patients may actually prefer telepsychiatry to in-person treatment.

References


