

Application of telemental health during the COVID-19 pandemic

Fountoulakis KN^{1*}, Davids J², Ashrafian H²

¹3rd Department of Psychiatry, Division of Neurosciences School of Medicine, Aristotle University of Thessaloniki, Greece, Director, Cochrane Greece Board member, World Psychiatric Association (zone 8 representative) Head, Mental Health Section, Research Institute, Panhellenic Medical Association Vice-President, Hellenic Psychiatric Association Greece

²Institute of Global Health Innovation, Imperial College London United Kingdom

*kostasfountoulakis@gmail.com

ABSTRACT

The 2019 SARS-CoV-2 significantly impacted mental health service delivery across the globe. The Global Mental Health crisis carries a significant psychosocial burden to societies with economic repercussions. The extent of the crises is yet to be fully appreciated.

However, in one 2020 WHO survey, it was reported that over 60% of disruptions were related to mental health services for vulnerable people, including children and adolescents (72%); older adults (70%), and women requiring antenatal or postnatal services (61%). Furthermore, around 67% of populations encountered significant disruptions to counseling and psychotherapy with 65% seeing disruptions to critical harm reduction services. Also, 45% of these disruptions were related to opioid maintenance treatment and dependence. Greater than a third (35%) reported disruptions to emergency interventions, including those for people experiencing prolonged seizures; severe withdrawal syndromes from substance misuse; and delirium, often a sign of a serious underlying medical condition and over 30% reporting significant disruptions in accessing medication for mental health (WHO Survey 2020). These disruptions have undoubtedly led to significant delays in the provision of effective mental healthcare services to patients with a gamut of disorders that require acute and chronic management.

We present a loco-regional case study from the 3rd Department of Psychiatry of the Aristotle University of Thessaloniki, which has established the first official tele-psychiatry outpatient unit to support the growing impact of disruption to mental health services during the pandemic. This model is presented as a model of good clinical practice.

INTRODUCTION

The global mental health pandemic remains a public health burden linked to 13% of disability-adjusted life-years and 32.4% of years lived with disability (Vido et al 2016). With significant disruptions to mental health service delivery in the current climate this situation is bound to escalate further to the detriment of the patient's well-being and that of carers and society.

Telemental health concerns the application of modern communications technology in all aspects of mental health, from diagnosis and testing to the application of treatment. Current research mainly from developed countries suggests that it could constitute a critical tool in the delivery of mental health care, and this could be of utmost importance during periods of limited access to services, like the current pandemic (Langarizadeh et al 2017, Abraham et al 2021). It has demonstrated an ability to increase access and quality of care, and in some settings to do so more effectively than treatment delivered in-person.

This kind of consultation is conducted as part of a wider concept, which includes both in-person and online clinical actions with the use of multiple technologies by providers working individually or in teams. In this frame, telemental health services can be an adjunct to periodic face-to-face in-person contact or, less often, can be the only contact, but this is generally not advisable. Typically, it is supported by a number of activities, which are based on additional communications technologies, such as patient portals and chatrooms, telephone, and of course electronic health records.

During the COVID-19 pandemic, the 3rd Department of Psychiatry of the Aristotle University of Thessaloniki Greece, at the University Hospital AHEPA, created the first official tele-psychiatry outpatient unit in the National Health System.

DESCRIPTION OF GOOD PRACTICE

It is clear that the standard of care delivered via telemedicine should be equivalent to in-person care, otherwise it will constitute a decay of the services provided. To achieve this, a number of prerequisites concerning good practice should be in place and followed.

Program overview statement

It is important that there is a clear statement concerning the patients eligible, services to be delivered, the technology needs, the quality and safety protocols, business and regulatory processes, training needs, evaluation plan, and sustainability. In principle, there are no absolute contraindications to patients being assessed or treated using tele-mental health. However, they need to be able to set up the videoconferencing system, maintain the appropriate computer/device settings, establish a private space, and cooperate for effective safety management. In this context, the patient's cognitive capacity and their history regarding cooperativeness with treatment professionals should be evaluated.

Legislation and regulatory issues

The precise location of the medical encounter should be specified and documented for medico-legal purpose. This is not clear in many countries with varying geographic jurisprudences making cross-border legislation unclear. This could have profound consequences concerning the quality of services provided and the outcome. Probably an international specialized framework should be developed.

Overall, all health professionals shall be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as in person care, when applying telemental health. In fact, telemental health care demands higher standards for ethics and related procedures including safety, privacy, security and consent. Especially, patients receiving mental health and substance use disorder services are afforded a higher degree of patients' rights as well as organizational responsibilities (e.g., need for specific consent from patients to release information around substance use).

Equipment

Telephone lines are not telemental health care, since they cannot support a contact between the clinician and the patient as close to a doctor-patient encounter as possible. The proper application of telemental health demands the selection of video conferencing applications that have the appropriate

verification, confidentiality, and security parameters necessary to be properly utilized for this purpose. The quality of the image and/or audio received is of outmost importance in order to provide a high quality service.

Organizations shall ensure the technical readiness of the telehealth equipment and the clinical environment. They shall have policies and procedures in place to ensure the physical security of telehealth equipment and the electronic security of data. Organizations shall ensure compliance with all relevant safety laws, regulations, and codes for technology and technical safety.

Competency

In a world where knowledge is rapidly evolving, providers and clinicians should stay current with evolving technologies, telemental health research findings, and policies.

This will mean that there will be a continuous and systematic quality improvement and performance management process that complies with any organizational, regulatory, or accrediting requirements for outcomes management.

The management of emergencies as well as cultural competency are two areas of high importance and priority to secure. Cultural competency should, among others, include the care for child/adolescent populations, forensic and correctional, the elderly, military, substance users, primary care setting and rural populations.

Evidence of impact

As mentioned above, during the COVID-19 pandemic, the 3rd Department of Psychiatry of the Aristotle University of Thessaloniki Greece, at the University Hospital AHEPA, created the first official tele-psychiatry outpatient unit in the National Health System. So far it provided tele-mental health services once a week in a total of more than 600 sessions, with more than encouraging results. The array of services included the diagnosis, therapeutic medication prescription as well as supportive psychotherapy. The applications for appointments are increasing and in the next few months the need for an expansion will be necessary.

Sustainability and feasibility of the good practice

The experience from tele-mental health services is now more than a year in duration and a sufficient number of sessions have been delivered.

A preliminary assessment suggests that the full implementation of this service to cover a larger number of patients and a large rural area around the city block of Thessaloniki will be cost effective but demands the collaboration of local stakeholders, mainly local authorities and health centers.

Economic sustainability is granted, and it will also lead to lower costs for the patients. Good practice will be secured by including relevant items in the training of residents and specialists as well as with the development of national guidelines for the application of tele-medicine. Such guidelines are currently under development by the Mental Health Section of the Institute of Scientific Research of the Hellenic Medical Association.

Keywords: tele-medicine, tele-psychiatry, telemental health, mental health innovation, quality of care

REFERENCES

- [1] Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. *Lancet Psychiatry*. (2016) 3:171–8. doi: 10.1016/S2215-0366(15)00505-2
- [2] Langarizadeh, M., Tabatabaei, M. S., Tavakol, K., Naghipour, M., Rostami, A., Moghbeli, F. (2017). Telemental Health Care, an Effective Alternative to Conventional Mental Care: a Systematic Review. *Acta informatica medica : AIM : journal of the Society for Medical Informatics of Bosnia Herzegovina : casopis Društva za medicinsku informatiku BiH*, 25(4), 240–246. <https://doi.org/10.5455/aim.2017.25.240-246>
- [3] Abraham A, Jithesh A, Doraiswamy S, Al- Khawaga N, Mamtani R and Cheema S (2021) Telemental Health Use in the COVID-19 Pandemic: A Scoping Review and Evidence Gap Mapping. *Front. Psychiatry* 12:748069. doi: 10.3389/fpsy.2021.748069
- [4] WHO World Mental Health day highlights <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>