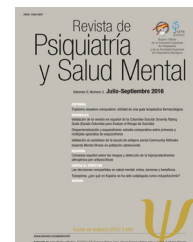




# Revista de Psiquiatría y Salud Mental

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## LETTER TO THE EDITOR

### The urge to implement and expand telepsychiatry during the COVID-19 crisis: Early career psychiatrists' perspective



### La urgencia de implementar y ampliar la telepsiquiatría durante la crisis de COVID-19: perspectiva de los jóvenes psiquiatras

Dear Editor,

If few months ago, psychiatrists were told that their practice would be transformed and mental health care would be compelled to reinvent due to a respiratory syndrome, few would have believed it. However, an unforeseen severe global health crisis is leading to significant changes in the field of psychiatry.

Currently, there are millions of cases and hundreds of thousands of deaths confirmed worldwide with coronavirus disease 2019 (COVID-19), an illness classified by the World Health Organization as a global pandemic. Because effective treatments or vaccines for the SARS-CoV-2 are still nonexistent, social distancing and isolation remain the most successful strategies to prevent countries from humanitarian disasters and collapse of their national health systems.<sup>1</sup>

However, diseases other than COVID-19 still exist, and their burden may be worsened by the emergency situation and the effects of quarantine.<sup>2</sup> Despite the disruptions in the normal functioning of psychiatric services, which have limited the ability to provide regular care, especially in outpatient settings, patients with new and existing mental health conditions should be followed up remotely. This is more compelling for patients with previous severe mental disorders or new-onset severe emotional distress, in which the consequences of destabilization or suicidality could be fatal. In these cases, telepsychiatry is called to be a game changer.

Telemedicine is defined by the American Psychiatric Association as “the process of providing health care from a distance through technology, often using videoconferencing”. Telepsychiatry, a subgroup of telemedicine, involves providing psychiatric care through a range of services including psychiatric evaluations, therapy, patient education and medication management.<sup>3</sup>

Early Career Psychiatrists (ECPs) from several regions of the world are optimistic that this pandemic will provide the opportunity to implement and expand telepsychiatry to urgently address the current mental health care needs of the population in times of physical distancing.<sup>4,5</sup> Indeed, telepsychiatry has already become a powerful tool in the mental health with demonstrated effectiveness in US and Australia for disorders like depression,<sup>6</sup> anxiety,<sup>7</sup> psychosis<sup>8</sup> and PTSD.<sup>9</sup> Therefore, it may be used even for patients suffering from COVID-19, people impacted by confinement, and frontline health workers.

Historically, times of crisis have provided opportunities for major developments and breakthroughs. The current one has the potential to show that technology can facilitate access to mental health care. Telemedicine has been demonstrated to have good acceptability among patients and clinicians, as well as an effectiveness comparable to face-to-face interventions.<sup>4</sup> Nevertheless, traditional psychiatric services have been slow to take up digital forms of care delivery.

Many barriers have to be considered, from affordability to ethical concerns such as confidentiality and safety. From the service users side, even the senior citizens technological gap could be a limitation to telepsychiatry spread, especially concerning configuration and usability of digital devices. Moreover, in order to implement telepsychiatry, it is necessary to provide training and protocols. Nevertheless, the present circumstances show the necessity to tackle them, for example with secure channels, electronic prescription systems to avoid patients to go to the clinic to have their prescription updated, and developing guidelines adapted from those countries which have been using telemedicine for years and modifying them to different cultural, technical, legal and practice contexts for clinical best practice.

Availability of telepsychiatry may vary from place to place. In countries where it is well established and online platforms exist, a patient can schedule a video conferencing with their provider.<sup>10</sup> In low- and middle-income countries telepsychiatry is still incipient despite its demonstrated cost-effectiveness.<sup>4</sup> It is also necessary to institute new legal regulations to encourage the use of technology while ensuring best practices.

Our patients can no longer wait. In these difficult times, we cannot stop providing psychiatric care, and telepsychiatry is the tool that psychiatrists should adopt to overcome

the obstacles that the coronavirus outbreak has imposed and to help patients in isolation. We can provide hybrid forms of care, while recognizing the importance of traditional face-to-face care. Right now, we have the necessary technology to improve access to healthcare with low cost and high efficiency. Our adoption of telepsychiatry now will be the basis of future developments after the pandemic. Furthermore, technology might even improve doctor–patient relationships by enhancing more communication opportunities.

ECPs must lead the change to increase the use of telemedicine in psychiatry. Our mission to alleviate mental suffering should not be overshadowed by personal hesitation or resistance to the new. We invite ECPs from all over the world to participate in what can be a mental health revolution for the benefit of patients.

We need telepsychiatry, and we need it now.

## Authors' contributions

AST, AS, RdF and JSV led the group discussion and manuscript drafting. VPS, MO, KM and AC reviewed the manuscript. All the authors agreed on the final draft before submission.

## References

- Stein R. COVID-19 and rationally layered social distancing. *Int J Clin Pract.* 2020:e13501.
- Yao H, Chen J-H, Xu Y-F. Patients with mental health disorders in the COVID-19 epidemic. *Lancet Psychiatry.* 2020;7:e21.
- American Psychiatric Association. What is Telepsychiatry? Available from: <https://www.psychiatry.org/patients-families/what-is-telepsychiatry><<https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.psychiatry.org%2Fpatients-families%2Fwhat-is-telepsychiatry&data=02%7C01%7CC.Arora%40elsevier.com%7C17843a3b2a72460ca2d108d811d2f411%7C9274ee3f94254109a27f9fb15c10675d%7C0%7C0%7C637278945023864090&sdata=KDAkS37utY8p6yLrm%2Fe5ARzUZryMA1z38vpF1mmZ7lY%3D&reserved=0>>.
- Sauers-Ford HS, Hamline MY, Gosdin MM, Kair LR, Weinberg GM, Marcin JP, et al. Acceptability, usability, and effectiveness: a qualitative study evaluating a pediatric telemedicine program. *Acad Emerg Med.* 2019;26:1022–33.
- Pereira-Sanchez V, Adiukwu F, El Hayek S, Bytyçi D, Gonzalez-Diaz J, Kundadak G, et al. COVID-19 Effect on Mental Health: Patients and Workforce. *The Lancet Psychiatry.* 2020:7.
- Egede L, Acierno R, Knapp R, Lejuez C, Hernandez-Tejada M, Payne E, et al. Psychotherapy for depression in older veterans via telemedicine: a randomised, open-label. Non-inferiority trial. *Lancet Psychiatry.* 2015:2.
- Thabrew H, Stasiak K, Hetrick SE, Wong S, Huss JH, Merry SN. E-Health interventions for anxiety and depression in children and adolescents with long-term physical conditions. *Cochrane Database Syst Rev.* 2018;8:CD012489.
- Bonet L, Izquierdo C, Escartí MJ, Sancho JV, Arce D, Blanquer I, et al. Use of mobile technologies in patients with psychosis: a systematic review. *Rev Psiquiatr Salud Ment.* 2017;10:168–78.
- Fortney J, Pyne J, Kimbrell T, Hudson T, Robinson D, Schneider R, et al. Telemedicine-based collaborative care for posttraumatic stress disorder: a randomized clinical trial. *JAMA Psychiatry.* 2015;72:58–67.
- Marcelle ET, Nolting L, Hinshaw SP, Aguilera A. Effectiveness of a multimodal digital psychotherapy platform for adult depression: a naturalistic feasibility study. *JMIR mHealth uHealth.* 2019;7:e10948.

Andre Luiz Schuh Teixeira<sup>a</sup>, Alex Vicente Spadini<sup>b</sup>, Victor Pereira-Sanchez<sup>c</sup>, Margaret Isioma Ojeahere<sup>d</sup>, Kana Morimoto<sup>e</sup>, Alice Chang<sup>f</sup>, Renato de Filippis<sup>g,\*</sup>, Joan Soler-Vidal<sup>h,i</sup>

<sup>a</sup> Department of Psychiatry and Legal Medicine, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

<sup>b</sup> Education and Research Department, São Pedro Psychiatric Hospital, Porto Alegre, Brazil

<sup>c</sup> Department of Child and Adolescent Psychiatry, NYU Grossman School of Medicine, New York, NY, USA

<sup>d</sup> Department of Psychiatry, Jos University Teaching Hospital, Jos, Plateau State, Nigeria

<sup>e</sup> General Psychiatry Trainee, Osaka Psychiatric Medical Center, Osaka, Japan

<sup>f</sup> Section of Early Career Psychiatrist, Royal Australia and New Zealand College of Psychiatrists, Australia

<sup>g</sup> Psychiatric Unit, Department of Health Sciences, University Magna Graecia of Catanzaro, Viale Europa, Catanzaro, Italy

<sup>h</sup> Fidmag Research Foundation, Hermanas Hospitalarias, Barcelona, Spain

<sup>i</sup> Hospital Benito Menni CASM, Hermanas Hospitalarias, Sant Boi de Llobregat, Spain

\*Corresponding author.

E-mail address: [defilippisrenato@gmail.com](mailto:defilippisrenato@gmail.com) (R. de Filippis).