
Letter to the Editor

**TELE-PSYCHIATRY IMPLEMENTATION IN
A UNIVERSITY HOSPITAL DURING THE
COVID-19 PANDEMIC**

Dear Editor,

Rapid spread of the life-threatening COVID-19 pandemic has brought about the launching of widespread new practices in the world healthcare sector. As hospitals were turned to services to cope mainly with the local epidemic, telemedicine (TM) services came up in the agenda in order to provide services to patients with other ailments (Yao et al. 2020, Zhou et al. 2020). Persistence of the pandemic for nine months since the start of the outbreak indicates that these practices will continue for a while (Thornton 2020, Greenhalgh 2020).

TM services, one of the applications that become widespread during epidemics, were first started in the 1970s as healthcare services using communication technologies (The World Health Organisation-WHO, 2010). The currently used methods for TM include interviews via the telephone, videoconference and WhatsApp connections and the like. TM has already been practiced in the follow up of chronic medical diseases such as diabetes, hypertension, and AIDS and has been found to be effective on the sustainability of treatment (Hersh et al. 2001). Telepsychiatry (TP), also an application area of TM, provides mental healthcare service by professionals using electronic communication tools and comprises a range of psychiatric practices including psychiatric evaluation, psychotherapy for the individual, group,

and the family, psychoeducation for both patient and family, medication management and following up outcomes (The American Psychiatric Association, 2019). Besides enabling a direct relationship between the psychiatrist and the patient, TP also involves live interactive remote counseling and training of the psychiatrists and healthcare professionals working in primary health care. Recorded documents, images, and videotapes or cassettes can be used in these services. Hence, TP has generally been found by clinicians and patients to deliver a satisfactory service (Cowan et al. 2019) comparable to face-to-face services (Hilty et al. 2013). However, attention has been drawn to problems in issues of payments for the given services, ethical and legal problems likely to arise, the education given and issues of professional competency and accreditation of the subjects may give rise to diverse matters depending on the legal regulations of the country or a region where TP is implemented (Cowan et al. 2019). Considering the practicality, cheapness, accessibility and user-friendliness of TP, these problems are regarded as solvable. Indeed, TP is therefore being used widely in both inpatient and outpatient services during the pandemic (Kalin et al. 2020, Liu et al. 2020, Zhou et al. 2020) when it becomes even more important by reducing the risk of Covid-19 contagion. Generalised effective use of TP depends on the social media literacy, level of education, age group, socioeconomic and cultural characteristics of the beneficiaries of this service.

Despite being started in many countries, TP was not an accepted practice in Turkey before the advent of the pandemic, except having been privately offered through means such as the Skype to regularly followed up individuals who have changed their town or country of residence. Given the in-person interview habituation established by the traditional

training, technological shortcomings, lack of institutional infrastructure, managerial non-acceptance and perhaps not having been needed, there have not been any studies made on TP practice in Turkey.

Owing to the partial curfew and quarantine measures and the designation of some hospitals as treatment centers for the COVID-19 cases, most patients with physical or mental illness have had difficulty in gaining access to healthcare services. With the start of the curfews, Kocaeli University Hospital administration prepared the infrastructure for TM services that could be utilized for TP by the psychiatry department, which reduced hospital outpatient attendance by 50%. In order to provide TP services to patients needing mental healthcare, a system of interviews was arranged on the internet and the WhatsApp connection which is available to most patients on smartphones. By entering the online appointment system of the hospital and choosing the online psychiatry unit, patients can make appointments for the doctor in charge and to be called and interviewed at the stipulated time. Each interview is scheduled for 20 minutes whereby an average of 15 patients are interviewed per day either on their computers or telephones. The physician provides this service from the polyclinic by using a tablet with proper imaging quality and the facility of accessing the previous polyclinical records and also entering new information in the system.

At the beginning of the interview, the patient is reminded that as a rule the interview would take place exactly as in the outpatient clinic, without the presence of any people, not involved in the treatment of the patient, next to or in the room of the patient which should be free from distracting stimuli, and warned against inappropriate clothing and noise. The interviews predominantly concern symptoms and counseling with the first time consulting patients, or the routines about the treatment processes and prescription of the required medications with the patients on follow up. Before recommending medical treatment, the patients without the adequate sense of confidence are directed to one-to-one interview at the polyclinic before recommending treatment.

In the quarter between April 1 and June 30, 2020, a total of 478 individuals consulting for the first time (35%) or for regular follow up (65%), with a group mean age of 41 years and a mean education level of 12 years, comprising 64% females and 36% males, of whom 61% were married, 32% were single, and 7% were widowed or divorced were interviewed through the TM online service. It is noteworthy that 18% of the applicants were from outside as against the 82% from the Kocaeli province. Thus, nearly one-fifth of the patients who could not come to the outpatient clinic due to transportation challenges or any other reason were enabled access to psychiatric treatment or psychological counseling by using





this service. Multiple utilization of the online service during this period was 37%.

The diagnoses on the patients were ranked in the order of anxiety disorders (31%), depressive disorders (17%), complaints related to COVID-19 (7%), bipolar disorder (6%), psychotic disorders (6%), obsessive-compulsive disorder (5%) and other diagnoses (28%). The patients were given both medication and counselling (65%), only medication (28%) or only counselling (7%). These data evince that the online service is as inclusive as the hospital outpatient unit.

Although patients generally meet the regulations during the interviews, inconveniences have been rarely encountered during the online interviews when the patients had to be warned about inappropriate clothing, being in bed, joining the interview while driving a car and presence of their next of kin or others when the interviews were cancelled until the conditions were in line with the rules. Persistent demands made by drug dependent patients for prescription were not met, they were referred instead to the relevant polyclinic for getting an in-person interview for their dependence problems. Similarly, only prescriptions for treatment were provided for the patients consulting for the first time, and they were directed to an outpatient clinic for the medication report.

There are problems waiting to be resolved in the implementation of the TP service newly introduced in our country. At the time of the writing this letter, the official correspondence on the reimbursements for the patient examinations were still going on with the Social Security Administration. Also outstanding is the issue on whether and how the patients registered and interviewed from outside the province are to be reimbursed. It is predicted that these problems could be solved within the framework of the measures taken by the Health Ministry of the Turkish Republic for the pandemic period. It is known that so far there have not been any problems with the supply and the provision by the chemists of the prescribed medications included in the issued reports.

With this letter, we wanted to share the features of a service that was implemented institutionally for the first time in our country. In summarizing, TP services are relatively new in our country, brought to the agenda by the pandemic for delivery of psychological help or guidance to the individuals with geographical hurdles and facing transportation difficulty. TP is easily applicable and cost-effective, proving that it can be performed comfortably regardless of the pandemic. As the service becomes widespread, it is expected to solve the problems encountered in the field.

Mustafa Yıldız¹ , Mehmet Buğrahan Gürçan² ,
Duygu Esen³ , Hilmi Yaşar⁴ 

REFERENCES

- American Psychiatric Association (2019) What is telepsychiatry? American Psychiatric Association, Colorado. <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>. Access date: 15.07.2020.
- Cowan K, McKean A, Gentry M et al (2019) Barriers to use of telepsychiatry: clinicians as gatekeepers. *Mayo Clinic Proceedings* 94:2510-23.
- Greenhalgh T, Koh GCH, Car J (2020) Covid-19: a remote assessment in primary care. *BMJ* 368: m1182.
- Hersh WR, Helfand M, Wallace J et al (2001) Clinical outcomes resulting from telemedicine interventions: a systematic review. *BMC Med Inform Decis Mak* 1:5.
- Hilty DM, Ferrer DC, Parish MB et al (2013) The effectiveness of telemental health: a 2013 review. *Telemed J E Health* 19:444-54.
- Kalin ML, Garlow SJ, Thertus K et al (2020) Rapid implementation of telehealth in hospital psychiatry in response to COVID-19. *Am J Psychiatry* 177:636-7.
- Liu S, Yang L, Zhang C et al (2020) Online mental health services in China during the COVID-19 outbreak. *Lancet Psychiatry* 7:e17-e18.
- Thornton J (2020) Covid-19: how coronavirus will change the face of general practice forever. *BMJ* 368: m1279.
- World Health Organization (2010) Telemedicine: opportunities and developments in Member States: report on the second global survey on eHealth 2009. World Health Organization, Geneva. https://www.who.int/goe/publications/goe_telemedicine_2010.pdf. Access date: 15.07.2020.
- Yao H, Chen J-H, Xu Y-F (2020) Rethinking online mental health services in China during the COVID-epidemic. *Asian J Psychiatr* 50:102015.
- Zhou J, Liu L, Xue P et al (2020) Mental health response to the COVID-19 outbreak in China. *Am J Psychiatry* 177:574-5.

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¹Prof., ^{2,3,4}Research Asst. Kocaeli University School of Medicine Department of Psychiatry, Kocaeli, Turkey.

e-mail: myildiz60@yahoo.com

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