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EVALUATION OF ADVANTAGES AND CHALLENGES IN TELEPSYCHIATRY

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***Absract*:** *Telemedicine is rapidly growing with use of the internet, and the number of possibilities for its application is increasing with development of information technologies and digitization in many countries. Among all branches of medicine, psychiatry is particularly suitable for this type of service, because psychiatrist usually does not perform a physical examination of the patient, but rather professionals from other branches, as indicated by the psychiatrist. A professionally conducted, semi-structured interview in psychiatry is the basis of diagnostic and therapeutic work, but at its core is a therapeutic alliance between doctor and patient. In virtual work in psychiatry, many aspects are different than ever before. A number of studies show that patients are more satisfied with a telepsychiatry consultation than certain number of psychiatrists. Despite the numerous advantages of online consultation in psychiatry, including the availability of services to patients from remote areas, the possibility of consulting a psychiatrist in a native language and from a suitable cultural milieu, its application in certain indications is still a challenge. The efficiency and safety of its application implies compliance with local legal and regulatory requirements as well as technical requirements. This refers on the internet communication, ethical standards in diagnostic, therapeutic and research work, with the aim of making psychiatric online consultation as similar as possible to the one that takes place face-to-face.*
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INTRODUCTION

Although it is considered an achievement of the modern era, the beginnings of telemedicine go back to the beginning of the 20th century with the discovery of new ways of communication such as the telephone. At that time, the first attempts to assess the condition of patients at a distance, including listening to the patient's heart over the phone. Psychiatrist used to communicate with patients by phone or by letters many years ago.
The real beginning of telepsychiatry is usually considered the application of group psychotherapy via videoconference at the Nebraska Psychiatric Institute in the 1950s. Then, during the nineties of the 20th century, with the expansion of the use of the internet, telepsychiatry began to be applied more often in some countries.
The real expansion of its application occurs in the last decade and especially during the COVID-19 pandemic which triggers the need for a more detailed consideration of the advantages and challenges of its application.

MODALITIES OF TELEPSYCHIATRY NOWADAYS

Telepsychiatry implies the application of electronic communication and information technologies for the purpose of psychiatric exploration and treatment of patients.
It can be synchronous, where communication between doctors and patients takes place directly in real time through audio or video technology, or asynchronous, where the doctor subsequently comes into contact with data on the patient's condition (they can be provided by the patient himself or another doctor or staff in health institutions).
Today, synchronous telepsychiatry is used more often, while off-line models are used somewhat less often and in a wider context they imply communication between psychiatrist and patient via SMS messages, telephone conversations, emails, chat in different applications and platforms. Another modality of telepsychiatry is telemonitoring - the possibility of continuous monitoring of a patient by a psychiatrist without their direct communication in real time or delayed. In any case, the basic principle of telepsychiatry

is that 'therapeutic process for TP consultation must be as similar as possible to an in-person meeting' (Mucic, 2024).
In this way, through electronic communication and information technologies, psychiatrists can be involved in prevention activities and education of patients and other profiles of health professionals, but also diagnosis and therapy of mental disorders and rehabilitation process with the possibility of monitoring patient's condition and early detection of worsening or side effects of drugs. They can be involved in consultations, giving the second professional opinions in psychiatry and various types of teamwork with other psychiatrists or doctors of other specialties.

SUITABILITY OF PSYCHIATRY FOR TELEMEDICINE

Examining the patient's mental state involves conducting a semi-structured psychiatric interview during which psychological functions are assessed (awareness, attention, thinking, memory, volition, urges, emotions, insight and criticality). Assessing the mental state also involves observing the patient's appearance, speech and behavior during the psychiatric interview.
Psychiatric interview is most often both diagnostic and therapeutic at the same time.
Unlike other branches of medicine, in psychiatry this semi-structured interview is the basis for diagnostic assessment and therapeutic work because a physical examination is usually not required, and in cases where it is (for instance in organic brain psychosyndromes), it is performed by doctors of other specialties.
Among certain psychotherapy schools, such as psychoanalysis, there are authors who believe that any physical contact with the patient (handshake, gentle touch on the shoulder) can affect transference and countertransference, and is avoided or used in strictly defined situations.
Use of telepsychiatry is of particular importance in the independent psychiatric assessment of subjects within clinical studies in psychiatry. As part of these researches, psychiatrist blinded to treatment options can perform an online assessment of the subject's condition directly in conversation with him by applying certain clinical assessment instruments (rating scales), where the subject (patient) is at the clinic where the research is being conducted, or the psychiatric assessment of the subject, scoring and evaluation of the researcher's work are performed subsequently, based on the (most often audio) recorded interview that the researcher conducted live with the subject.
In this context, psychiatry is a branch of medicine that is among the most suitable to be used in telemedicine.

THERAPEUTIC RELATIONSHIP IN ONLINE PSYCHIATRY

It is known that most of human communication is not verbal, but non-verbal, through facial expressions, looks, gestures, body posture. In a psychiatric evaluation, it can sometimes be of great importance. Noticing rapid changes in facial expressions or apparent indifference, affective-mimic dissociation, as well as the appearance of various signs of restlessness or agitation at a certain moment of conversation sometimes speak much more than words.
Of particular importance in psychiatry is the issue of the therapeutic relationship. The therapeutic relationship is dealt with by different directions and schools in psychotherapy, and many psychiatrists and in their clinical work often use elements of individual psychotherapy approaches related to the formation and monitoring of the therapeutic relationship. Given that the therapeutic relationship is a specific human relationship, deep and different from all types of relationships and of great importance for the success of the therapy itself, its establishment, analysis and monitoring are a frequent topic in psychiatry and psychotherapy.
Both in diagnostic and therapeutic work in psychiatry, it is of great importance to establish a rapport that affects the connection between the patient and the psychiatrist and the formation of an atmosphere of trust and understanding (Zakaria, 2014), which is a condition for effective diagnostic and therapeutic work. During the psychiatric interview, the doctor evaluates the patient, but inevitably the patient also evaluates the doctor and the psychotherapist, developing different feelings towards him, which is what psychoanalytic psychotherapy deals with in detail through the analysis of transference and countertransference (feelings and attitudes that the doctor develops towards the patient). In that situation, they are of great importance details

related to the appropriate time and quiet place for the psychiatric examination or psychotherapy session (setting).
When it comes to virtual work in psychiatry and psychotherapy, all these parameters change significantly and become even more complicated if, for example, the patient is in the clinic and there is a staff member present in the room who helps, even if only in the technical aspect of communication with the psychiatrist (use of computer, microphone, internet connection, etc.).
In many other cases, a psychiatrist can perform a diagnostic evaluation and create a treatment plan online, and other staff present at the facility where the patient is located will be involved in the physical examination, monitoring of vital signs, performing laboratory blood tests and other necessary tests and examinations according to recommendations of a psychiatrist who virtually examined the patient and created a diagnostic and treatment plan and who can virtually coordinate the work of the entire team.
In one our qualitative research, experienced gestalt psychotherapists talk about changes in the experience of the field when it comes to virtual psychotherapy ('which is no longer here and now but now, here and there' (Stojanovic et al., 2020)) and the therapist's experience of discomfort due to working in virtual therapy that does not represents a real encounter (Stojanovic et al, 2020).
In our research, various sounds and noises that disturb the therapist in following the client, the effect of being reflected on the camera, which creates an experience of self-awareness in the therapist, which can have a disruptive effect in the session, proved to be disruptive in online work, changing voice perception due to background sounds, and work with transference and countertransference is difficult (Stojanovic et al., 2020).

COVERING RURAL AREAS AND COST BENEFITS

One of the advantages of online psychiatry is in enabling the availability of psychiatrists in certain, mostly rural parts of the country where there is no possibility of a specialistic psychiatric examination in person and certainly no possibility of an expert assessment by a psychiatrist who specifically deals with a certain field.
At the same time, the time spent waiting for an appointment is reduced, there is a possibility of urgent consultation, and monitoring of the patient in intensive care units in psychiatric institutions or other departments of general hospitals, even during the night or on weekends.
Additional savings compared to in person appointments refers to the costs of transporting patients to another city (and in megacities, even going for an examination to another part of the city is time-consuming), as well as the costs of the psychiatrist's travel or the psychiatrist's investment in the space (it can be done from the clinic or from home), the absence of patients from work and other activities, which in total means less expenditure for the health system and greater availability of health services. Ten years ago, telepsychiatry was considered expensive and complicated, but now it is far more accessible and can be simple and suitable for use even in the population of children and the elderly.

CROSS-CULTURAL OPPORTUNITIES

The possibility of consulting a psychiatrist via telepsychiatry in the native language is also significant if the person lives abroad and does not speak the language of that country or a second language well enough, and in psychiatry and psychotherapy it is best to communicate in the native language.
In addition, due to cultural competencies, it is often of great importance that the psychiatric examination and treatment be performed by an expert who comes from the same cultural environment as the patient, because in a cross-cultural It is well known to psychiatry that certain psychological phenomena can be considered normal in one and pathological in another cultural environment.
This especially applies to culture-bound syndromes but also to trauma-related psychiatric disorders. The possibility of using telepsychiatry in the case of language barriers in people who have suddenly developed serious mental disorders during a trip to another country for tourist or business reasons or in the case of migrations that can be sudden and unplanned, for example because of wars is of great importance. Telepsychiatry enables the availability of psychiatric treatment to persons who are home bound for some reason and it is not possible to organize an examination under the conditions of a home visit (fear of leaving

the house in case of agoraphobia, in some other specific phobias, fear of leaving the house due to various psychotic and paranoid conditions), in persons with various disabilities, elderly persons, persons in palliative care, psychological support for family caregivers of demented persons, etc.
Telepsychiatry enables a significant reduction of the stigma associated with going to appointments at clinics and treatment within a psychiatric institution.

ADVANTAGES AND DISADVANTAGES RELATED TO APPLICATION IN CERTAIN INDICATIONS

In the largest number of randomized trials published so far, telepsychiatry has been applied to patients with depression, anxiety disorders, and PTSD in military veterans. Different modalities of therapy were applied to them, and in most cases CBT, behavioral activation therapy, medications, psychoeducation and different combination of these treatments.
However, in clinical practice it is used in a much wider range of indications including group psychotherapy, treatment of ADHD, eating disorders, substance abuse, suicide attempts and psychotic conditions.
During the COVID-19 pandemic, it proved to be very useful in helping various categories of the population, but certain categories of patients also had difficulties in adapting to virtual psychiatric consultations. It is firstly referred to individuals with psychosis, autism and intellectual difficulties (Appleton et al., 2021).
However, a serious problem can be use of telepsychiatry in working with patients who are insufficiently cooperative or violent, at risk of suicide or harming others, and the issue of its application in situations where the patient does not agree to treatment and involuntary hospitalization, it is particularly sensitive. Use of telepsychiatry requires special caution when it comes to symptoms that may be induced by the use of modern technology (Gutiérrez-Rojas et al., 2022).
It could refer first of all to paranoid experiences, and we are witnessing that the symptoms of paranoia evolve with the development of technology and often include new information technologies. Today, technophobia is often present, which sometimes reaches the proportions of paranoia and assessing the adequacy of reality test is changing more rapidly (Krstic, 2023).
The aforementioned review paper by Spanish authors analyzes a few essential aspects of telepsychiatry and among other things finds its high diagnostic reliability compared to face-to face consultation, however diagnostic reliability was lower in cases when visual observation of the patient is required. From the point of view of patient satisfaction, this review paper shows a high level of patient satisfaction, but interestingly, similar to our qualitative research, the level of satisfaction is lower in professionals and there is also reluctance on the part of professionals to implement telepsychiatry services (Gutiérrez-Rojas et al., 2022).
In case when telepsychiatry is used in clinically unsupervised settings it is essential to in advance establish the protocol of procedures and to identify the nearest local mental health institution referral in case that is needed. Since patients can be in unstable mental states or experience sudden deteriorations, including suicide attempts, impulsivity, violence, psychotic states, unwanted effects of drugs, it is necessary to indicate such a psychiatric institution in advance.

DIFFICULTIES AND SPECIFICS RELATED TO THE TECHNICAL ASPECTS OF USE

Experiences so far, as expected, show that is a younger population more willing to accept the virtual consultation of a psychiatrist and that the effectiveness of telepsychiatry in various indications is similar to that of face-to-face work (Hubley et al., 2016).
Moreover, one study shows that telepsychiatry used in schools was more efficient than in person meetings (Mayworm et al., 2019). However, it is expected that the elderly population has difficulties related to the technical aspects of the application of telepsychiatry, but this can vary between individual countries and more often exist in low or middle income countries.
In addition, in the population of elderly people there can often be different types of hearing, vision impairment, or cognitive impairment that could have a significant impact on the use of modern means of telecommunications. The involvement of a third party as an intermediary in the technical aspect of

telepsychiatry services could jeopardize the therapeutic relationship and the degree of trust and openness on the part of the patients.
Technical details related to hardware, software and network characteristics, specify the required memory, the method and place of data storage (if individual sessions are recorded, with the consent of the patient), encryption, internet speed, camera resolution, camera angle and zoom, with adequate lighting and background, using headphones for clear sound, with or without external microphone.

ETHICAL AND REGULATORY CONSIDERATIONS

Due to the significant expansion of the use of telepsychiatry during the last decade, several different professional's associations from the field of mental health in several countries set up practice guidelines that define various aspects of its application in accordance with ethical standards to prevent malpractice and precisely define all operation procedures before, during and after consultation in the field of telepsychiatry.
In some countries, such as the USA, guidelines have been developed for the use of telepsychiatry in special categories of patients, such as children and adolescents, as well as in special indications (psychosis, suicidality, PTSD and other conditions related to trauma and traumatic stress reaction), with the aim of using telepsychiatry to treat patients as effectively and safely as in person.
The first global guidelines for the use of telepsychiatry by the World Psychiatric Association (WPA) were published in 2021. They primarily related to the use of telepsychiatry during the COVID-19 pandemic, followed by the first WPA online course in the field of telepsychiatry as part of continual medical education.
These guidelines precisely define ethical and regulatory points, technical aspects of the use of telepsychiatry and the safety recommendations.
Among other things, according to the WPA guidelines, each patient and consultation provider within telepsychiatry must be considered individually, although in most countries use of telepsychiatry is regulated by the laws of the country in which the patient is located (WPA, 2021).
Different local regulations may have additional requirements related to the country in which the service provider in the field of telepsychiatry is located. Local regulations may differ in many aspects, including data retention, oral and written informed consent of the patient, prescribing of drugs and payment of consultation.

CONCLUSION

Telepsychiatry is becoming an increasingly common way for mental health professionals to treat patients. The continuous and rapid development of information technologies and digitization increase the number of available communication options between psychiatrists and patients and can provide access to the services of highly specialized practitioners to all patients equally, regardless of their place of residence, covering culturally sensitive issues from the domain of transcultural psychiatry.
However, many aspects of psychiatrist-patient communication in this case are taking place in a way that they have never taken place before, leading to resistance and non-acceptance by a number of professionals. Some limitations in its application related to certain indications in psychiatry will probably always exist.

REFERENCES

1. Appleton, R., Williams, J., Juan, N. V. S., Needle, J. J., Schlief, M., Jordan, et. al. (2021). Implementation, adoption, and Perceptions of Telemental Health during the COVID-19 Pandemic: Systematic review. *Journal of Medical Internet Research*, *23*(12), e31746. https://doi.org/10.2196/31746.
2. Gutiérrez-Rojas, L., Alvarez-Mon, M. A., Andreu-Bernabeu, Á., Capitán, L., De Las Cuevas, C., Gómez, & et. al. (2022). Telepsychiatry: The future is already present. *Spanish Journal of Psychiatry and Mental Health*, *16*(1), 51–57. https://doi.org/10.1016/j.rpsm.2022.09.001
3. Hubley, S., Lynch, S. B., Schneck, C., Thomas, M., & Shore, J. (2016). Review of key telepsychiatry outcomes. *World Journal of Psychiatry*, *6*(2), 269. https://doi.org/10.5498/wjp.v6.i2.269
4. Krstic, J., & Stojanovic, G. (2023). Tehnološki napredan, strah i paranoja. *Svet rada*, *20*(3), 261–271.
5. Mayworm, A. M., Lever, N., Gloff, N., Cox, J., Willis, K., & Hoover, S. A. (2019). School-Based Telepsychiatry in an Urban Setting: Efficiency and Satisfaction with Care. *Telemedicine Journal and e-Health*, *26*(4), 446–454. https://doi.org/10.1089/tmj.2019.0038
6. Mucic, D. (2024). World Psychiatric Association Telepsychiatry Global Guidelines. *Journal of Technology in Behavioral Science*. https://doi.org/10.1007/s41347-024-00418-6
7. Stojanovic M., Pecotić L., Stoimenova-Cenevska E, Krstić J. (2020). Gestalt therapist in an online and face to face session. *Gestalt Zbornik*, 7, 19–27.
8. World Psychiatric Association. (2021). WPA telepsychiatry global guidelines. Retrieved from https://www.wpanet.org/_files/ugd/ 842ec8_ffbb5cd0d874414383cffeee34b511ec.pdf
9. Zakaria, R., & Musta'amal, A. (2014). Rapport building in qualitative research. *1st International Education Postgraduate Seminar Proceedings*, *1*.