

Reactions of psychiatric patients to telepsychiatry

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Abstract

Telepsychiatry could offer a viable medical service to remote or isolated social communities if it does not generate adverse reactions such as delusional ideation, particularly in patients in settlements without adequate exposure to mainstream culture and internet. We examined subjective reactions to telepsychiatry of randomly selected 84 psychiatric patients from remote locations in Ontario, Canada. They rated the quality of their teleconferencing sessions via 10 item questionnaire and were asked about advantages and disadvantages of telepsychiatry. The majority of patients indicated that they were able to communicate as if physically present (92.9%) and were comfortable with telepsychiatric service (95.2%). They found the sessions as beneficial as direct meetings with their psychiatrist (84.5%) and would use this service again (98.8%). There were no instances of telepsychiatry being associated with adverse reactions in patients from remote communities with inadequate exposure to modern mainstream culture and internet.

Introduction

Psychiatric services to remote Canadian communities are obstructed by extreme distances or inclement weather conditions such as protracted snowstorms. By reducing the need for travel, telepsychiatry increases availability and speed of treatment for distant and chronically underserved communities.^{1,2} Travel cost to remote areas of Canada is prohibitive. Telepsychiatry to distant communities is less expensive than the traditional mode of psychiatric contact,^{3,4} and may be as effective across a wide variety of diagnostic categories,⁵⁻⁷ including schizophrenia.⁸ A satisfactory degree of diagnostic agreement was found in comparisons of direct contact and telepsychiatric interview.⁹ However, patients on remote, economically deprived, or culturally isolated locations rarely have adequate exposure to

modern technology or access to internet. Their world-view may greatly differ from the mainstream culture. It is important to examine whether telepsychiatric contact has a potential of upsetting such patients or exacerbating their symptoms. Our study evaluated the patients' reactions to telepsychiatry in remote areas of Ontario, Canada.

Materials and Methods

A random survey was carried out with 84 psychiatric patients from various sites (including the First Nations) following their teleconferencing sessions, using a standard 10 item questionnaire. Specifically, they were asked to rate, on a 5 point scale, ranging from 1 (poor) to 5 (excellent), the quality of equipment, picture quality, the room environment, and also whether or not this session was helpful in addressing their problems. They were also asked to indicate whether or not they agreed or disagreed with the following 2 items: *I was comfortable talking to the clinician using this type of service* and *I was able to communicate all information that needed presenting*. They also were to respond, by choosing *yes* or *no*, to the following 2 items: *I found this telepsychiatry session to be beneficial* and *Would you use this type of service again?* Finally, they were to list the major benefits/disadvantages of telepsychiatry and to suggest what the health service providers could do to make this experience better. The study was approved by the local research ethics committee.

Prior to this study, our 84 participants had no access to a computer connected to internet or they lacked in sufficient expertise with communication programs such as Skype. Some of the remote Canadian communities had no internet access at all and no computers at the time. Our telepsychiatry equipment was the same on all remote sites and was provided via financial support by a government grant. All patients were personally visited by a psychiatrist prior to the installation of the equipment. Some lived at distances associated with excessive travel time or on locations inaccessible in certain winter conditions and this would preclude or obstruct a subsequent adequate medical contact with the patient, except via telepsychiatry. Many of our patients suffered from chronic or acute symptoms of psychosis in the form of schizophrenia, depression, or within the bipolar spectrum. The medication was delivered to patients by traveling nurses after the telepsychiatric interview or, if feasible, the patient had to travel to a pharmacy to receive the medication. Each of the patients with severe psychiatric symptoms obtained a frequent follow up, via telepsychiatry, as needed.

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No demographic and diagnostic information was compiled on these participants, in order to safeguard their anonymity and to provide an opportunity for a free expression of feelings about telepsychiatry without concern about negative consequences for their relationship to psychiatric staff.

Results

The majority (97.6%) of the patients rated the sound quality as good to excellent and 95.2% gave similar ratings to picture quality. Furthermore, 95.2% of the patients indicated by their ratings that they were comfortable with telepsychiatry service, 92.9% that they were able to communicate adequately, 84.5% of the patients found the sessions as beneficial as a direct physical presence, and 98.8% reported that they would use the service again.

It is noteworthy that only one of the 84 patients found telepsychiatry stressful. There were no reported instances where telepsychiatry caused any escalation of delusional or of other psychiatric symptoms.

Discussion and Conclusions

While the absence of demographic, diagnostic, and follow up data constitutes a methodological limitation, the patients' anonymity in these respects prevents that a negative rating of telepsychiatry by a patient could be followed by negative consequences for subsequent therapeutic contacts.

The significance of this study for public health is as follows. Our survey indicates that almost all patients were satisfied with the current technical status of telepsychiatry and felt comfortable with the telepsychiatry as a mode of contact. The patients did not need to travel extreme distances or in dangerous weather conditions to obtain service and they benefited from decreased waiting time for appointments. In too many remote or underserved regions of our world, telepsychiatry is the only current-

ly viable (and often also a life-saving) option for emotionally distressed persons to receive a psychiatric evaluation or psychological therapy.

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