

## **Letter to the editor in response to the article- "Digital mental health and covid-19: using technology today to accelerate the curve on access and quality tomorrow"**

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Submitted to: JMIR Mental Health  
on: July 29, 2020

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## ***Abstract***

Sir,

The editorial titled, "Digital mental health and covid-19: using technology today to accelerate the curve on access and quality tomorrow" [1] was an interesting read. The COVID-19 pandemic has catalysed use of telepsychiatry and broken down barriers to use technology that existed until recently giving way to a 'can do' approach. The editorial rightly discusses accelerating use of information technology in psychiatry. This is a good time to collect global experience and this is a view from telepsychiatry use in metropolitan Melbourne, Australia.

Whilst telepsychiatry has always been available, there was a notable reluctance to embrace it despite support from accrediting bodies such as the Royal Australian and New Zealand College of Psychiatrists which endorsed the view that it can be an option when in person consults were not feasible. Like most public mental health services in Australia, our service also moved to tele psychiatry quickly after COVID-19 to provide safe consulting services. We collated some of our experiences by conducting a rapid survey, which was sent out to 40 people with 14 responses. 70% of the respondents reported the number of teleconsults had increased significantly during this time and a further 70% noted that there were fewer missed appointments and the work was generally more efficient following the transition to tele psychiatry. 79% were satisfied with the care they were able to provide.

A few challenges were also encountered during this transition. Difficulty using new technology was experienced by 70% of the respondents. A plethora of platforms such as Zoom, Doxy, CoViu, etc., are available in Australia, each with their own benefits and concerns. There was lack of consensus about which platform to use and guidelines changed frequently requiring learning and relearning when switching between platforms, creating difficulty for some staff and patients alike. Other difficulties experienced by the team were maintaining therapeutic alliance. Effective communication of empathy and use of non-verbal gestures when doing teleconsults was also a challenge. Lack of data availability to do video consults for some disadvantaged patients was also noted. Training around effective use of information technology could be helpful and the survey revealed that only one out of fourteen respondents had sought such training.

Suitability of patients for teleconsults is a key issue to consider. Often, the ones with anxiety and mood spectrum disorders were easier to engage compared to the psychotic or drug using patients who had limited insight. There are advantages of using video over telephone as someone who is teary or hypomanic cannot be readily identified over the latter.

Another challenge was the absence of a seamless delivery method to ensure electronic prescription dispatch to the pharmacy. Faxing or emailing prescriptions not only increased the workload, but were also unreliable. We hope that adding the Australian experience with telepsychiatry during the COVID pandemic will help in planning better telepsychiatry services in the future- a future where integration of key clinical functions occur within telehealth platforms enabling delivery of accessible, seamless and safe care.

References:

1. Torous J, Myrick K J, Rauseo-Ricupero N and Firth J. Digital mental health and COVID 19 – Using technology today to accelerate the curve on access and quality tomorrow. JMIR Ment Health. 2020 Mar 26;7(3):e18848. PMID : 32213476

(JMIR Preprints 29/07/2020:23023)

DOI: <https://doi.org/10.2196/preprints.23023>

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