

Guest Editorial—Telepsychiatry

Telepsychiatry: Queries and Comments

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It has been over 40 years since videoconferencing technology was first used to deliver mental health services to areas with poor access (1). The field, now called “telepsychiatry,” grew slowly for 30 years, followed by a period of rapid growth that continues today. The recent growth is attributed mainly to improved technology, increased attention to the issue of access to health care and availability of resources to stimulate program development. Although some barriers are being cleared, challenges remain with respect to continued growth and to the maintenance of existing programs. To illustrate these challenges, I am reminded of two colleagues who recently gave a presentation at a regional conference, entitled “Who’s Afraid of Telepsychiatry?”

Although not in attendance, I imagined the audience response was something like this: “Not I,” said the psychiatric resident. “I use a Palm Pilot with ePocrates, MedCale, MentSTAT and DSM-IV on HandBase 3, voiceless dictation, and paperless medical records, and I trade stocks on the Internet.” “Not I,” said the mental health consumer, “I e-mail my psychiatrist, check the Internet for treatment algorithms and medical news and refill my prescriptions through voice mail.” “Not I,” said the public representative, “90 per cent of my business and personal banking is done electronically, I e-mail photos of my children to their grandmother and I talk regularly to my brother in Florida by Internet Telephony.”

Representatives from the office of the provincial minister of health sat quietly amidst the group until, with prompting, they said, “It isn’t that we are afraid, but once the federal grant funding dries up, we will be left to maintain and manage a new system of service delivery that will require technical maintenance, administrative support, integration of previously separate regional health authority policies and an impact analysis regarding the physician services plan.”

No one argued that telepsychiatry isn’t valuable. Clearly, it represents a tremendous opportunity to improve access to services and to study the effectiveness of a new system of service delivery. All agreed, however, that successfully bringing a new system of service delivery into practice would involve several requirements. First, we need evidence of equivalence or superiority in the areas of access, quality and cost of psychiatric services. Second, what is required is a supportive attitude at all levels of an

organization and a commitment to improving services. Most important, however, are the people who are involved and adequate financial resources.

The three articles in this issue of the *Bulletin’s* special feature on telepsychiatry will hopefully help support the wider use of telepsychiatry. These articles deal with issues of access, quality and cost, and they support organizational support for telepsychiatry. Dr. Don Hilty, from the University of California at Davis, has been an active researcher in the area of telepsychiatry. In the first feature article, he synthesizes the literature on its “effectiveness” into an article that speaks to many about the practical questions relevant to telepsychiatry. Until recently, the body of literature was quite limited, but research findings and publications have expanded rapidly, making this summary a valuable and timely one. Dr. Hilty shows that most literature supports the effectiveness of telepsychiatry; however, further research and evaluation will be important in optimizing services.

Dr. Richard O’Reilly and his colleagues from the University of Western Ontario address a more specific issue: using videoconferencing to complete psychiatric assessments and civil committal forms for involuntary hospitalization under provincial mental health legislation. Psychiatrists from across Canada have completed surveys that provide information about their attitudes and experience in using videoconferencing for this application and others, such as conducting review panel hearings. Most legislation does not specifically discuss the acceptability of videoconferencing, but with some caution, it is used on a limited scale in Canada and in other countries. Applications such as these may increasingly become part of mainstream telepsychiatry practice, especially given the hazards and costs of travel, the potential exposure to communicable diseases such as SARS, and the improved access to patients and to service providers with unique credentials.

As guest editor, I attempt to discuss the interaction of telepsychiatry, doctor–patient communication and the success of telepsychiatry consultations. Telepsychiatry evaluations have attempted to discern the impact of the videoconferencing medium on the encounter between

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