

## Telepsychiatry is a tool that we must exploit

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As psychiatrists, we are particularly attuned to the value of face-to-face contact with patients. After all, so much is communicated nonverbally.

Fortunately, telepsychiatry has the capacity to give us the information we need to provide effective interventions for patients with mental illness. Even patients with serious mental illness can benefit from these interventions.



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Take, for example, a literature review of 390 studies using terms that included "schizophrenia" and/or "telepsychiatry," "telemedicine," or "telepsychology" ([Clin. Schizophr. Relat. Psychoses 2014 \[doi:10.3371/CSRP.KAFE.021513\]](#)).

The review, conducted by Dr. John Kasckow of the Veterans Affairs Pittsburgh Health Care System mental illness research, education, and clinical center and behavioral health service, found that modalities involving the telephone, the Internet, and videoconferencing "appear to be feasible in patients with schizophrenia." Furthermore, they found that those modalities appear to improve patient outcomes, although they acknowledge that more research is needed.

A subset of patients that can benefit from telepsychiatry is those in correctional facilities. Another literature review that looked at the implementation of telepsychiatry in correctional facilities in seven states, including my own state of California, and found that the modality "may improve living conditions and safety inside correctional facilities" ([Perm. J. 2013 Summer;17:80-6](#)). This review, conducted by Stacie Anne Deslich of the Marshall University in South Charleston, W.Va., and her colleagues, also found that using telepsychiatry improved access and saved those facilities \$12,000 to more than \$1 million.

These researchers also called for more study, particularly a case-control examination of the cost of providing psychiatric care through telemedicine vs. face-to-face psychiatric treatment. Using telepsychiatry for this population of patients is particularly important in light of depth and breadth of untreated mental illness in correctional facilities, such as depression, anxiety, bipolar disorders, and schizophrenia. "In addition, costs for providers traveling to distant facilities have been a deterrent to providing adequate care to inmates," Ms. Deslich wrote.

Yet another population of patients that can benefit from telepsychiatry is those with mental illness who come to emergency departments. A program implemented in Elizabeth City, N.C., connected patients in the ED with psychiatric providers who were at remote locations using telemedicine carts that were equipped with wireless technology ([ED Manag. 2013;25:121-4](#)). The program's administrators [reported](#) that almost 30% of the patients who had involuntary commitment orders were stabilized to the extent that those orders could be rescinded and they were discharged to outpatient care. Furthermore, the researchers reported, the average length of stay for ED patients who were

discharged to inpatient treatment facilities dropped by more than half, from 48 hours to 22.5 hours.

Not so surprisingly, telepsychiatry also is establishing a solid track record among young patients. A study of the perspectives of psychiatrists who provide consultation services to schools found "students were more likely to disclose clinical information via video, compared with face-to-face contact" ([Telemed. J.E. Health 2013; 19:794-9](#)). However, the psychiatrists did express concerns about technological difficulties, logistics, and information sharing.

Telepsychiatry also is gaining a foothold in other areas, such as in geriatric and consultation psychiatry. In other settings, telepsychiatry is being introduced, and evidence is still accumulating.

The primary driver of telepsychiatry is the psychiatrist shortage. In 2009, a total of 77% of U.S. counties reported a shortage. Additionally, recent increases in coverage for mental health care create a demand for more psychiatrist time. These factors, coupled with an aging psychiatry workforce, led to a growing imbalance between supply and demand that telepsychiatry can help to alleviate. Telepsychiatry can increase the efficiency of psychiatric care by allowing one psychiatrist to serve patients in multiple settings without burdensome travel. Although telepsychiatry was first used more than 30 years ago, only recently have demographic, economic, and cultural trends led to its rapid expansion.

Opportunities for telepsychiatry implementation exist across the spectrum of psychiatric care. So far, research has shown little or no difference between the outcomes yielded by traditional care and telepsychiatry. Work remains to be done, but clearly telepsychiatry is here to stay.

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