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Frontline 2020: The new age for telemental health

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Telemental health care has been widely available for several decades and encompasses the remote delivery of psychiatric and psychological services¹. It has been found to be effective in assessing and diagnosing mental health conditions across the lifespan and ethnic groups². Benefits of telemental health include the engagement of friends/family and the wider professional network in consultations; the savings in the time required to deliver health care³; the reach to populations that might not be able to access mental health services due to lack of or limited service provision or high care costs⁴. Telemental health can be delivered securely via telephone or video over a range of web-based applications and is frequently supported by other e-mental health domains such as online resources, social media and smartphone applications to promote mental well-being¹. Randomised controlled trials of telemental health found no difference in outcomes between remote compared to face-to-face care delivery, suggesting that the two approaches are comparable⁵.

The novel corona virus was identified in early January 2020 and the WHO declared the COVID-19 pandemic in March 2020. Measures to stem the spread of infection included restrictions in person-to-person contacts and reduction or pause of services for people with numerous health conditions including mental illness. It quickly became apparent that changes in clinical practice were needed at pace and one of the first to be adopted across healthcare systems globally, was remote delivery of care, especially for non acute cases and those receiving psychological interventions.

Connolly et al (2020)⁶ reported that compared to the previous 2 years, remote clinical encounters rose by 556% during the first 6 weeks of the pandemic in the US, one third of which were for first time users. At the same time in person appointments were reduced by 81%. For older people and other vulnerable groups with underlying conditions who are especially susceptible to more severe prognosis as a result of COVID-19, use of telemental health care is vital to deliver therapy, monitor pharmacological treatment and support those who are socially isolated.

As use of telemental health has accelerated, government and professional organisations⁷ developed guidelines for its use to ensure safe practice and satisfactory care experience, especially where legislation was needed to address challenges regarding the management of confidentiality and privacy. An international study of psychiatrists from 15 WHO regions published a consensus protocol for psychiatric consultations that acknowledges the range of issues that can facilitate or hinder the offer of remote support, e.g. availability of human resources and platforms to use, and triage of patients and interventions according to level of need⁸.

COVID-19 has become part of the global daily discourse. It is important to ensure that advances that were made during the first phase of the pandemic are not lost including the widespread use of telemental health. Consequently, changes in mental health practice will need to be endorsed and adopted by all possible patient groups who may face differential access and ability in the use of digital platforms. There is concern that many interventions, particularly for people with neurodevelopmental disorders or dementia are not adapted for this population and anecdotal accounts indicate that many care homes and residential establishments are unable to host videoconferencing due to failures in internet connectivity. A national survey⁹ of health and care frontline staff indicated that despite the adoption of telemental health, only a minority of patients were able to engage with it. Respondents reported that it should be utilised for professional communication rather than delivery of interventions and deemed that cases with low level of complexity were most appropriate recipients.

Holmes et al (2020) posed a number of mental health research priorities related to COVID-19. We argue that going forward, investigation into the delivery of telemental health and its role in mitigating the impact on mental wellbeing not only of the current pandemic but also of future public health emergencies should be included.

As clinicians and researchers we must continue to evaluate the challenges in implementation of digital technology use and support engagement with telemental health amongst our patient populations (particularly people with severe mental illness or cognitive limitations). Strategies may include assessing individual clinician digital competencies, ensuring the availability of relevant training for staff, data capture about technology use by population groups, and appointing digital champions within healthcare teams. Moving forward publication of evidence-based *how to* adapt assessments and interventions for remote delivery and financial stability of resources will aid future research and encourage sustained use by clinicians.

Above all, we must ensure that telemental health is an inclusive practice that improves equity and equality in mental health care.

References

1. Hollis C, Morriss R, Martin J et al. Technological innovations in mental healthcare: harnessing the digital revolution. *Br J Psychiatry*. 2015 ; 206: 263-265
2. Hilty DM, Ferrer DC, Burke Parish M et al. The effectiveness of telemental health: a 2013 review. *Telemedicine and e-Health* doi: 10.1089/tmj.2013.0075
3. Gonçalves-Bradley DC, J Maria AR, Ricci-Cabello I et al. Mobile technologies to support healthcare provider to healthcare provider communication and management of care (Review). *Cochrane Database of Systematic Reviews* 2020, Issue 8. Art. No CD012927
4. Langarizadeh M, Tabatabaei MS, Tavakol K et al. Telemental health care, an effective alternative to conventional mental care: a systematic review. *ACTA INFORM MED*, 2017, 25: 240-246
5. Flodgren G, Rachas A, Farmer AJ et al. Interactive telemedicine: effects on professional practice and health care outcomes (Review). *Cochrane Database of Systematic Reviews*, 2015, Issue 9, Art. No CD002098
6. Connolly SL, Stolzmann KL, Heyworth L et al (early online). Rapid Increase in Telemental Health Within the Department of Veterans Affairs During the COVID-19 pandemic. Doi 10.1089/tmj.2020.0233
7. Royal College of Psychiatrists. Digital-CCOVID-19 guidance for clinicians <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians> accessed October 2020
8. Ramalho R, Adiukwu F, Gashi Bytyçi et al. Telepsychiatry during the COVID-19 pandemic: development of a protocol for telemental health care. *Frontiers in Psychiatry*, 2020, 11: 552450
9. Johnson S, Dalton-Locke C, Vera San Juan N et al. Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff. *Social Psychiatry and Psychiatric Epidemiology*, 2020
<https://link.springer.com/article/10.1007/s00127-020-01927-4>

10. Holmes EA, O'Connor RC, Hugh Perry V et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*, 2020, 7: 547-560

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Connolly et al (2020)⁶ reported that compared to the previous 2 years, remote clinical encounters rose by 556% during the first 6 weeks of the pandemic in the US, one third of which were for first time users. At the same time in person appointments were reduced by 81%. For older people and other vulnerable groups with underlying conditions who are especially susceptible to more severe prognosis as a result of COVID-19, use of telemental health care is vital to deliver therapy, monitor pharmacological treatment and support those who are socially isolated.

As use of telemental health has accelerated, government and professional organisations⁷ developed guidelines for its use to ensure safe practice and satisfactory care experience, especially where legislation was needed to address challenges regarding the management of confidentiality and privacy. An international study of psychiatrists from 15 WHO regions published a consensus protocol for psychiatric consultations that acknowledges the range of issues that can facilitate or hinder the offer of remote support, e.g. availability of human resources and platforms to use, and triage of patients and interventions according to level of need⁸.

COVID-19 has become part of the global daily discourse. It is important to ensure that advances that were made during the first phase of the pandemic are not lost including the widespread use of telemental health. Consequently, changes in mental health practice will need to be endorsed and adopted by all possible patient groups who may face differential access and ability in the use of digital platforms. There is concern that many interventions, particularly for people with neurodevelopmental disorders or dementia are not adapted for this population and anecdotal accounts indicate that many care homes and residential establishments are unable to host videoconferencing due to failures in internet connectivity. A national survey⁹ of health and care frontline staff indicated that despite the adoption of telemental health, only a minority of patients were able to engage with it. Respondents reported that it should be utilised for professional communication rather than delivery of interventions and deemed that cases with low level of complexity were most appropriate recipients. Whilst it is accepted that remote appointments are not suitable or indeed appropriate for all patients and types of problems, previous reports of patient experience of e-mental health¹⁰ indicate that relational aspects of

therapeutic alliance are preserved and supported programmes have high rates of completion. It is possible that factors that are associated with treatment outcomes in face to face clinical and therapeutic engagement, also play a role in telemental health.

The delivery of telemental health and its role in mitigating the impact on mental wellbeing not only of the current pandemic but also of future public health emergencies merit further investigation. As clinicians and researchers we must continue to evaluate the challenges in implementation of digital technology use and support engagement with telemental health amongst our patient populations (particularly people with severe mental illness or cognitive limitations likely to be subject to *digital poverty*). Strategies may include assessing individual clinician digital competencies, ensuring the availability of relevant training for staff, data capture about technology use by population groups, and appointing digital champions within healthcare teams. Moving forward, publication of ways in which to adapt assessments and interventions for remote delivery and long term investment in resourcing digital consultations will encourage sustained use by clinicians. Telemental health is unlikely to fully replace in-person clinical care but we must ensure that it is an inclusive practice that improves equity and equality in mental health care.

Declaration of Interest

We declare no competing interests

References

1. Hollis C, Morriss R, Martin J et al. Technological innovations in mental healthcare: harnessing the digital revolution. *Br J Psychiatry*. 2015 ; 206: 263-265
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6. Connolly SL, Stolzmann KL, Heyworth L et al (early online). Rapid Increase in Telemental Health Within the Department of Veterans Affairs During the COVID-19 pandemic. Doi 10.1089/tmj.2020.0233
7. Royal College of Psychiatrists. Digital-CCOVID-19 guidance for clinicians <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians> accessed October 2020
8. Ramalho R, Adiukwu F, Gashi Bytyçi et al. Telepsychiatry during the COVID-19 pandemic: development of a protocol for telemental health care. *Frontiers in Psychiatry*, 2020, 11: 552450
9. Johnson S, Dalton-Locke C, Vera San Juan N et al. Impact on mental health care and on mental health service users of the COVID-19 pandemic: a mixed methods survey of UK mental health care staff. *Social Psychiatry and Psychiatric Epidemiology*, 2020
<https://link.springer.com/article/10.1007/s00127-020-01927-4>

10. Cavanagh K, Millings A. (Inter)personal Computing: The Role of the Therapeutic Relationship in E-mental Health. *Journal of Contemporary Psychotherapy*, 2013, 43: 197–206

Response to Editor's comments

Dear Dr Marsh (Joan)

Comment 1:

Could you flesh out the disconnect between the early paragraphs, which summarise the evidence that telemental health is effective and that it has been adopted during the COVID-19 pandemic with the results of the Johnson et al survey suggesting that health and care staff had concerns about many groups of service users. To me, it jars. Also, we often see papers touting the benefits of telehealth, so it's good to examine some real-life evidence implying it is not a general panacea.

AU: thank you for your comments which we hope to have addressed in our revised version. I think you are right to point out the service user experience but I am not sure that the response of the Johnson et al survey responses can be interpreted in a wider context than the one in which they were received. It was at the beginning of the lockdown and everyone was unsure about processes and also telemental health was not just for psychotherapy but delivered by professionals who themselves may have been skilled enough to feel confident in how they might carry out their work in a new medium. Further, there is not much about service user experience of telemental health during the pandemic, but mostly about telehealth and one can not extrapolate much from that. It is our view that the user issues relate to "digital poverty" and the type of disorders (e.g. autism, intellectual disabilities, dementia) which then impacts satisfaction etc.

Comment 2:

Could you just check this sentence, as it doesn't make sense to me: Moving forward, publication of evidence-based *how to* adapt assessments and interventions for remote delivery and financial stability of resources will aid future research and encourage sustained use by clinicians.

AU: We have edited the paragraph

We have also uploaded all the other information required for publishing

We hope you find our revision satisfactory and look forward to hearing from you in due course

Prof Angela Hassiotis

on behalf of the authors