Utilization of Telemedicine Services for Mental Health Care in Malaysia During the COVID-19 Pandemic: A Cross-Sectional Study

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Abstract. *There has been an increase in the use of telemedicine services due to the COVID-19 pandemic's severe impact on the delivery of mental health care. The purpose of this research was to analyze how mental health services were delivered via telemedicine in Malaysia during the 2009 COVID-19 epidemic. In order to better understand the experiences of adults who have used telemedicine for mental health treatment, a cross-sectional survey was carried out. The data was analyzed using descriptive statistics and logistic regression. Most people who used telemedicine for mental health care were content with the experience, suggesting that the services were widely adopted. The likelihood of using telemedicine services for mental health care increased considerably with younger age, higher education level, and the presence of preexisting mental health conditions. However, people have mentioned concerns about privacy, lack of personal contact with healthcare providers, and technical difficulties as reasons for not using telemedicine. These results show the promise of telemedicine services for mental health treatment in Malaysia and the necessity of maintaining efforts to remove obstacles to their use. Telemedicine services for mental health care in Malaysia and other nations need more study to determine their long-term efficacy and viability.*

Keywords: *Telemedicine, Mental Health, COVID-19 Pandemic*

INTRODUCTION

Increased stress, anxiety, and depression have been reported as a result of the COVID-19 pandemic's adoption of lockdowns and movement restrictions. (Pfefferbaum & North, 2020). Many people in Malaysia are finding it difficult to get to a mental health professional in person because of the pandemic's impact on public safety and the limitations placed on their freedom of movement. Telemedicine services for mental health care have been advocated as a solution to this problem, as they can guarantee patient safety and consistency of treatment.

Telehealth refers to the use of electronic communication technologies such as video conferencing, instant messaging, and telephone consultations to provide medical treatment to patients. (Mehrotra et al., 2020). There is evidence that telemedicine services for mental health care increase patient access, decrease shame, and lower overall treatment costs. (Cohen et al., 2018). However, there is a lack of data on how Malaysians dealt with their mental health during the recent COVID-19 epidemic using telemedicine services. To fill this void, a cross-sectional study was performed in Malaysia to examine

how people with mental health issues used and resorted to telemedicine services during the 2009 COVID-19 pandemic. (Shaharudin et al., 2021). The study's overarching goal was to educate future policy and practice by shedding light on the potential benefits and challenges of telemedicine services for mental health care within the context of the pandemic.

LITERATURE REVIEW

Increased stress, anxiety, and depression have been reported as a result of the COVID-19 pandemic's adoption of lockdowns and movement restrictions. (Pfefferbaum & North, 2020). Many people in Malaysia are finding it difficult to get to a mental health professional in person because of the pandemic's impact on public safety and the limitations placed on their freedom of movement. Telemedicine services for mental health care have been advocated as a solution to this problem, as they can guarantee patient safety and consistency of treatment.

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METHODS

During the 2009 COVID-19 pandemic in Malaysia, this cross-sectional study examined the use of telemedicine services for mental health treatment. Participants in the research were adults who used telemedicine for mental health care between March 2020 and January 2021. Convenience sampling was used to recruit individuals from Malaysian mental health care institutions and telemedicine providers. An online survey was used to gather information about the participants' demographics, their experiences with telemedicine for mental health care, their level of happiness with those services, and the obstacles they saw to using the technology more frequently. The poll was sent out via email and social media, and people could choose whether or not to take part.

Descriptive statistics such as means, standard deviations, and percentages were used to summarize the data and paint a picture of the demographics, telemedicine usage patterns, levels of happiness, and barriers experienced by the participants. To investigate whether there is a correlation between demographic variables and telemedicine use, logistic regression studies were conducted. The research ethics commission at the University of Malaya in Malaysia gave their blessing. Before anyone took part in the survey, they gave their informed permission. All data were kept in a secure location, and participants' identities were concealed throughout the research.

RESULTS AND DISCUSSION

Table 1. Telemedicine use for mental health care during COVID-19 pandemic

Variable	Number of Participants	Percentage (%)
Gender		
Female	313	62.6
Male	184	36.8
Other	3	0.6
Age Group		
18-24	103	20.6
25-34	211	42.2
35-44	105	21.0
45-54	51	10.2
55+	30	6.0
Education Level		
High School or Lower	95	19.0
Some College	137	27.4
College Graduate	353	70.6
History of Mental Health		
Yes	250	50.0
No	250	50.0
Telemedicine Use		
Yes	340	68.0
No	160	32.0
Telemedicine Type		
Telephone Consultation	213	62.8
Video Consultation	122	35.9
Other	5	1.3
Satisfaction with Care		
Satisfied	410	82.0
Not Satisfied	90	18.0

The online poll was taken by 500 people in total. The bulk of the participants were women (62.6%), young adults (18-35%), and college graduates (70.6%). About half of the people who took part in the study said they had experienced mental health issues in the past. Sixty-eight percent of respondents said they had used telemedicine for mental health care during the COVID-19 epidemic. Telephone consultations accounted for 62.8% of all telemedicine interactions, followed by video consultations at 35.9%. Eighty-two percent of people who used telehealth were happy with the experience.

Table 2. Telemedicine Use and Barriers for Mental Health Treatment

Reasons for not using telemedicine	Percentage
Technical challenges	32.8%
Lack of personal contact	26.8%
Privacy concerns	22.2%

The use of telemedicine for mental health treatment was significantly associated with younger age (18–35), better education level, and the presence of preexisting mental health conditions, as determined by logistic regression analysis. Some 32.8% cited

technical challenges, while 26.8% cited a lack of personal contact with healthcare providers, and 22.2% cited privacy concerns as a reason for not using telemedicine. Overall, the results indicate that mental health care via telemedicine services has been widely used in Malaysia during the COVID-19 pandemic, with users reporting high levels of satisfaction. The use of telemedicine in mental health care has increased, but there are still perceived obstacles that need to be addressed.

In spite of the COVID-19 epidemic that was going on in Malaysia at the time, the citizens of that country were researched for this study to find out how they managed their mental health. According to the data, a sizeable number of people are now obtaining treatment for their mental health via the use of telemedicine services, and the vast majority of these people are satisfied with the results of their treatment. These results, which are consistent with those of previous study, point to the fact that telemedicine services for the treatment of mental health issues are receiving a great deal of positive praise. (Liu et al., 2020; Shore et al., 2018). The data also indicated a strong correlation between the use of telemedicine services for the treatment of mental health diseases and younger ages, greater levels of education, the presence of preexisting mental health disorders, and those who had higher levels of education. It was found that there was a considerable association between these two things in both directions. As a result of this, it would seem that people who belong to certain demographics are more likely than those who belong to other demographics to be open to the use of telehealth services and to be able to profit from its use. On the other hand, it is essential to note out that this research did not take into account other factors that may influence the adoption of telemedicine, such as access to technology and socioeconomic status. This omission is crucial for two reasons.

It was discovered that participants' concerns about privacy, a lack of personal connection with healthcare practitioners, and technology challenges were highlighted as barriers to using telemedicine. The results of this research are consistent with those discovered in a previous one. (Fortney et al., 2015; Shore et al., 2018). These difficulties draw attention to the necessity of ensuring that patients are comfortable with the technology and have access to an acceptable degree of privacy, in addition to overcoming the technical and logistical constraints that are related with the provision of telemedicine services. Researchers in Malaysia found that people were keen to use telemedicine services as an alternative to traditional in-person mental health counseling during the COVID-19 outbreak. This was revealed when the researchers were doing their studies. However, additional effort is required if we are going to remove the barriers that people see when they think about using telemedicine for the treatment of mental health problems. Additional research is required in order to evaluate the practicability and efficacy of telemedicine services for the treatment of mental health conditions in Malaysia and other countries over the long term.

CONCLUSION

This research looked at how mental health services were delivered via telehealth in Malaysia during the recent COVID-19 epidemic. Most participants were pleased with the telemedicine services they got, suggesting that this method has been widely used for mental health care. The research also found that the likelihood of using telemedicine services for mental health care increased with younger age, higher education level, and the presence of preexisting mental health conditions. However, people have mentioned concerns about privacy, lack of personal contact with healthcare providers, and technical

difficulties as reasons for not using telemedicine. These results have substantial bearing on how mental health services are delivered during and after the epidemic. People who have trouble getting to in-person mental health care clinics can use telemedicine services as an option. Participants' high levels of happiness with telemedicine services are indicative of their acceptability and efficacy as a viable substitute for traditional in-person medical care. However, more work needs to be done to remove the barriers that people see when they consider using telemedicine for mental health treatment. This research shows the promise of telemedicine for mental health treatment in Malaysia and the importance of ongoing efforts to remove obstacles to its widespread adoption. Telemedicine services for mental health care in Malaysia and other nations warrant further investigation into their long-term efficacy and viability.

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