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Mobile health and telemedicine on the forefront of psychiatry: expanding care and increasing safety

To the Editor

We read with great interest the study by Olwill *et al.* on what challenges remote consultations – as opposed to face-to-face – psychiatrists face during the novel coronavirus pandemic (Olwill *et al.*, 2020). The paper illuminates the importance of non-verbal cues and the possibility to physically assess one's patient to place a diagnosis. While the paper offers crucial insight into remote consultations, we believe that discussing the utility of phone apps, the change of medical laws and the safety of remote consultations may augment telemedicine's role today and illuminate how physicians could take advantage of it.

Olwill *et al.* found that psychiatrists in Ireland were unhappy with phone (voice-limited) telepsychiatry consultations because non-verbal cues were not possible to be observed (Olwill *et al.*, 2020). This caused psychiatrists to have a lack of confidence in their diagnosis. We remind psychiatrists that other forms of telepsychiatry are still valid and may be more useful. For example, both doctors and patients are as satisfied with screen-to-screen consultations as with face-to-face meetings (Tates *et al.*, 2017). Videoconferencing allows the patient to interact with his/her physician from the familiarity of his/her own home. In this way, patients may be more receptive and/or expressive in a psychiatric session. Moreover, since receiving care for mental health presents with social stigma, patients may be more willing to seek help from a private telepsychiatry session than compared to physically going to a mental health clinic. Thus, we remind psychiatrists to not discount the benefits of telepsychiatry, but instead, encourage them to switch over to videoconferences as it may be a better alternative than voice limited phone calls.

We suggest that telepsychiatry be practiced worldwide during the novel coronavirus disease (COVID-19) pandemic and afterwards. In the USA, the demand for telepsychiatry has led to easing of several federal and state regulations, including less restrictions on controlled substance prescription via videoconferencing, increased Medicare and Medicaid reimbursement, and the freedom for physicians to extend tele-care (e.g. internet-delivered cognitive behavioral therapy) to patients beyond the state where they are licensed (Shore *et al.*, 2020). We recommend similar regulation

changes to be implemented in Ireland and other countries in Europe to further facilitate the remote practice of psychiatry.

Since patient-care extends beyond the tele-appointment, we propose that physicians empower patients with proven tools to ameliorate their psychological health. Certain phone apps (i.e. the IntelliCare platform) have proven to be effective for treating depression and anxiety (Graham *et al.*, 2020). These apps also have the potential to improve clinicians' efficiency while maintaining cost-effectiveness (Graham *et al.*, 2020). Given the anxiety people experience during the COVID-19 pandemic, we advocate for physicians to take advantage of these telepsychiatry tools to treat patients at a distance.

We identify an additional benefit to telepsychiatry that augments Olwill *et al.*'s study, namely the increased safety it may provide. Psychiatrists and mental healthcare professionals are at an increased risk of nonfatal, job-related violent crime compared to other physicians (Anderson and West, 2011). Victims suffer physical and psychological sequelae comparable to the victims of a street crime (Anderson and West, 2011). Many incur personal trauma and financial burden since 45% of affected medical-staff take time off of work to recover and 65% of them require one full year (Anderson and West, 2011). Hence, the relative safety of telepsychiatry - by not being physically present - may diminish workforce attrition particularly in higher risk patient encounters, those with a history of past violence, substance abuse, and active symptoms of major mental illnesses (Anderson and West, 2011).

We commend Olwill *et al.* for providing crucial insight on the psychiatrist experience of remote consultations by phone. While telemedicine poses new obstacles, it introduces an array of benefits for both patients and psychiatrists alike, as we have highlighted. We hope that further studies may shed light on the impact telemedicine has on the practice of psychiatry. In this letter, we expand on several proven features on telepsychiatry's current use and provide a nuanced view of how clinical practice is affected amidst the COVID-19 outbreak.

Conflict of interest

Authors have no conflicts of interest to disclose.

Ethical standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the

relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008.

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