COVID19 Pandemic and the use telepsychiatry in child mental health practices

Hande Ayraler Taner

1Assis. Prof., Baskent University Faculty of Medicine, Department of Child and Adolescent Psychiatry, Ankara, Turkey
https://orcid.org/0000-0003-2106-7928

TO THE EDITOR

The COVID 19 pandemic which started at the end of 2019 has affected the whole world. Children with mental problems and their families have had difficulty in accessing hospitals and psychiatric clinics due to the concern with being infected with the virus. As a solution to this difficult situation one of the methods most frequently applied by the professionals working in the field of child mental health is telepsychiatry. In a recent study published just before the pandemic it was suggested that although child mental health professionals have positive attitudes towards technology, they have doubts about the available resources and their safety, reliability and privacy (1). For child mental health professionals who have suspicions about the use of technology in clinical practice this pandemic process was both challenging and informative.

Telepsychiatry, which means providing psychiatric support to people outside a clinic, office or hospital through videoconferencing or other technologies, has been used more commonly during the pandemic period (2). However, the spreading telepsychiatry implementation has brought with it problems, such as, difficulty in keeping doctor-patient confidentiality and data safety (3). There are no regulatory authorities for monitoring telepsychiatry implementation. Lacking regulation services may cause psychiatry implementation provided by incompetent people under the name of “telepsychiatry”. Also in many places, public conferencing tools such as Zoom and Skype are used (4). This brings the risk of sharing data in an unsafe environment and damaging the privacy of the patient-physician relationship. In addition, there are is continuing discussions of how or whether to reimburse for telepsychiatry. A legal regulation was put in place in relation to telepsychiatry implementation and reimbursement in the U.S.A in March, 2020 (5). Yet, there are no legal regulations in most countries. Unregistered practices may legally put mental health professionals at risk in the future.

Implementation of child focused telepsychiatry that includes psychiatric examination with the child and his/her family, evaluation of cognitive processes, neuropsychological tests, child and family observation, game therapy and other psychotherapies and psychotropic drug prescription dates back to the 1970s (6). In a study, it was suggested that diagnoses and treatments provided in child psychiatry assessments during computer-based videoconference showed a 96% correspondence to visits made in person. In the same study, a total of 91% of the parents suggested that they would prefer videoconferencing instead of going long distances to an office (7). Although there are published studies about the efficacy of telepsychiatry practices in child and adolescent psychiatry, reliability of some diagnostic interviews and the use of some neuropsychological tests by video-conferencing; in the literature there is limited information about which patients to be chosen, whether it would be beneficial for which mental disorders or not, which methods to be used and the use of psychological tests (8,9). In a case report of a patient diagnosed with Asperger Syndrome who did not prefer face-to-face visit, symptoms were relieved in videoconference-based visits and the patient was then reported to accept face-to-face visit (10). Similar to the Asperger patient some mental health disorders...
The pandemic has provided an opportunity to introduce innovation into mental health care. This may result in lasting changes to the delivery of care and open up new possibilities for care. Studies, especially on the field of child’s mental health, will expand our horizons and provide needed guidance for responsible care.

**Funding:** The author received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Acknowledgements:** The author would like to thank Prof Myron Belfer for reading and commenting on the article.

Correspondence address: Assis. Prof., Hande Ayraler Taner, Baskent University Faculty of Medicine, Department of Child and Adolescent Psychiatry Ankara, Turkey h_ayraler@hotmail.com

**REFERENCES**


