

COVID19 Pandemic and the use telepsychiatry in child mental health practices

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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 has 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 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

(such as social anxiety disorder, autism spectrum disorder, obsessive compulsive disorder), may benefit from telepsychiatry beyond the face-to-face visit. The way of using telepsychiatry applications varies according to the age of the child, and the child's cognitive abilities. Young children and children and adolescents with cognitive disabilities find it difficult to use technological tools without their parents. Even in interviews with adolescent patients who use technology comfortably, family members can intervene in the online interview. These intrusions can damage the therapeutic relationship with the patient and negatively affect the success of the therapy. Neuropsychological tests using various materials can be difficult to apply in videoconferencing interviews. This can affect the reliability of the test. Tests prepared specifically for a videoconference interview and whose validity and reliability studies have been carried out can help in this issue. To answer all these questions comprehensive studies are required on all these issues. People working in the field of technology and mental health need to foster closer collaboration to ensure appropriate, and ethical tools to foster telepsychiatry.

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.

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