Telepsychiatry services in Finland

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Abstract

Telepsychiatry is a novel way to treat patients living in remote areas. This article reviews the annual statistics of a private telepsychiatry clinic in Finland. Between 7th February 2014 and 12th February 2015 the clinic had 43 customers and there were 185 service encounters. The majority of the clients (63%) preferred telephone calls as the most important channel to carry out the encounter, 21% preferred videoconferences and 16% wanted to interact mainly via e-mails or chat. The most common reason to seek telepsychiatric help was for anxiety disorder (49%). Other reasons were depressive disorder (35%), schizophrenia spectrum disorder (7%), substance abuse (7%) and bipolar disorder (2%). There were no complaints concerning the technical quality or the information security of the telepsychiatry services.

General

Telepsychiatry, or telemedicine, is a specifically defined form of videoconferencing that can provide psychiatric services to patients living in remote locations or otherwise underserved areas (1). In a broader sense, telepsychiatry can be defined as a mental health service providing care mainly through technological applications rather than face-to-face encounters.

Telepsychiatry is a useful way to provide mental health care services (2). Psychiatric evaluation done by phone or via video call appears to be as accurate as in-person encounters (3). There are randomized controlled trials suggesting that psychiatric care delivered by telepsychiatric means is as effective as in-person encounters (4, 5). Little is known, however, which type of patients prefer telepsychiatry over traditional mental health services. There have also been concerns about legislation and information security of telemedical services.

Description of the service

N*ettipsykiatri* (in English *Online psychiatrist*) is a private practice in Finland offering economic psychiatric. The clinic opened officially in December 2013, but the clinical work did not start until February 2014. The service encounters are delivered via phone, videoconference, chat or e-mail. The clinician is a specialist in psychiatry. There are some limitations compared with face-to-face encounters: some medications are not prescribed (opioids, methylphenidate and most benzodiazepines), and due to a national insurance policy, the occupational assessments are not performed. The clinic has advertising campaigns in Google and Facebook.

At the beginning of a first service encounter, it is routinely asked which type of contact form the patient prefers. Videoconferences and chat are carried out by using a video call program (VSee). VSee is considered as the gold standard for telemedical encounters and ensures the information security of the service. Most clients pay for their appointments in advance by e-transference, but in some cases, clients may pay after the appointments. All clients must accept the terms of service before they can receive telepsychiatric care. The terms of service include the permission to transfer information in a corresponding way.

The annual statistics of the clinic concerning customers were reviewed (inquiries, no shows and free consultations were excluded). The analysis includes the number of patients per year, number of service encounters per year, type of service (phone call, video conference, chat or e-mail) of the encounters, technical quality of the encounters, diagnostic groups, and the number of clients reporting full recovery. There are also data concerning complaints, refunds, and the number of clients that have not paid their fees. No personal data of the patients was included in the analysis of the data.

Results

During the period of 7th February 2014 to 12th February 2015, the clinic had 43 clients. There were 185 service encounters, which means that one patient had approximately 4.3 appointments per year. 42% of the customers had only one service encounter, 33% had 2 to 5 encounters, 14% had 6 to 10 encounters, and 12% had more than 10 service encounters during their treatment period.

The majority of the clients (63%) preferred telephone calls as the most important channel to carry out the encounter. 21% agreed to work through videoconferences and 16 % wanted to interact via e-mails or chat.

The technical quality of the appointments was satisfactory. Only 2 appointments out of 185 (1%) could not be carried out due to technical problems. Minor disturbances in connection were not uncommon. However, they did not seem to undermine the quality of the service.

The most common reason to seek for telepsychiatric help was for anxiety disorder. 49% of the clients had some anxiety disorder as the main psychiatric problem. Social phobia (12% out of all patients) and obsessive-compulsive disorder (12% out of all patients) were the most common of the anxiety disorders. 35% of the clients sought help primarily for depressive disorder. 7% of the clients were diagnosed as having schizophrenia spectrum disorder or other psychotic disorder, and 2% had bipolar disorder as the primary diagnosis. 7% of the clients were assessed to have primarily substance abuse.

Out of the 43 clients, 8 (19%) reported full recovery. 4 of them had suffered from anxiety disorder and 4 had depressive disorder. The recovered patients received on average 8 sessions with the clinician.

None of the clients made complaints about the quality of service or information security. No refund claims were made. In two cases, the physician fee was voluntarily refunded by the clinician to the client due to inability to reach adequate service standards.

Limitations

The clinical data were derived from one single clinic, and the number of patients treated was fairly small (43 patients). The reports of the recovery of the patients were self-reports, and the clinical assessments for recovery were not based on any structured scale but were based on the clinical impression.

Discussion

A lot of the psychiatric care today is actually delivered using the same channels as care in telepsychiatry, i.e. using phone calls, e-mails, text messages and other technological applications. Telepsychiatry should not replace in-person encounters, but it may offer benefits that are out of reach in traditional psychiatric care settings. From a clinician's viewpoint, there is a small group of patients that seek telepsychiatric services and prefer them over other mental health care services, even when in-person treatment is available. Telepsychiatry also offers an effective way to produce psychiatric services in remote areas.

According to the data, it seems that patients suffering from anxiety disorder find telepsychiatry more attractive than those assigned to other diagnostic groups. This group may actively research information about their symptoms, and they may come across telepsychiatric services more often than other groups. Patients suffering from anxiety disorder may also try to avoid stigmatization more than other groups. A health care service that does not provide sick leave certificates may be enough for patients with a fairly good level of functioning, but not for those who are severely affected.

The existing technical solutions seem appropriate to guarantee satisfactory service encounters, as well as a sufficient level of information security. The fact that a telephone call is by far the most preferred way to communicate in telepsychiatry means that basic telepsychiatric services can be organized without complicated technical applications even in public health care. Telepsychiatric services could be applied more widely.

References

1. American Psychiatric Association. Telepsychiatry. Available: www.psychiatry.org/practice/professional-interests/underserved-communities/telepsychiatry [Retrieved: 7 August 2013].

2. Hyler SE, Gangure DP. A review of the costs of telepsychiatry. Psychiart Serv 2003;54:976-80.

3. Garcia-Lizana F, Munoz-Mayorga I. What about telepsychiatry? A systematic review. Prim Care Companion J Clin Psychiatry 2010;12(2):PCC.09m00831.

4. Hyler SE, Gangure DP. Can telepsychiatry replace in person psychiatric assesments? A review and meta-analysis of comparison studies. CNS Spectr 2005;10:403-13.

5. Rabinowitz T, Murphy KM, Amour JL, Ricci MA, Caputo MP, Newhouse PA. Benefits of a telepsychiatry consultation service for rural nursing home residents. Telemed J E Health 2010;16:34-40.

6. Jefee Bahloul H, Mani N. International Telepsychiatry: a review what has been published. J Telemed Telecare 2013;19:293-4.

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