

Telemedicine may well outlast the pandemic, say mental health care staff

August 19 2020



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The COVID-19 pandemic has brought about rapid innovation in mental health care, and the move to telemedicine is likely here to stay to at least some degree, but new research led by UCL and King's College London

cautions that serious barriers still need to be overcome.

In a new survey in the UK and an international review of evidence from 29 countries, [mental health care](#) staff report how the pandemic and lockdown have been harmful to some people accessing mental [health](#) services.

The two new studies are published in *Social Psychiatry and Psychiatric Epidemiology* and are led by the UCL- and KCL-led NIHR Mental Health Policy Research Unit (MHPRU). One is a survey of 2,180 [mental health professionals](#) in the UK, and the other is a summary of reports from 872 papers and articles across six continents.

The international review identified multiple reports that the pandemic exacerbated symptoms for people with mental health conditions. Many people had increased anxiety due to concerns about getting infected, while others struggled with the loss of routine, or social isolation and loneliness. Numerous studies raised concerns that social adversities and inequalities may continue to worsen.

Director of the MHPRU, Professor Sonia Johnson (UCL Psychiatry and Camden and Islington NHS Foundation Trust), corresponding author of both studies, said: "People working in mental health care settings across the UK and globally have reported rapid innovation at their workplaces, including the rapid adoption of telemedicine, after years of slow progress.

"Most people we surveyed support partial adoption of remote working, but they caution that telemedicine doesn't work for everyone, and there are still major challenges to be addressed for it to be truly effective. The voices of the digitally excluded are especially in danger of not being heard."

Internationally, mental health professionals anticipate an increased need for services as the pandemic drags on, which could be coupled with reduced capacity, with particular concerns for inpatient and residential care settings. Many expressed concerns that coping strategies that have helped people through the lockdown may not be sustainable long-term.

The researchers write that while there is not much official data available yet, mental health care staff from numerous countries reported reduced referrals and visits to [mental health services](#) in the very early stages of the pandemic. Potential explanations include fears of infection, beliefs that help would not be available, or concerns about being a burden.

The international survey also identified recurring ethical concerns about maintaining professional standards and human rights in a fast-changing environment. Some sources raised concerns that access to physical health care has become inequitable for people with mental health conditions, due to stigma and policies in some countries to keep them in psychiatric units rather than general hospitals. Others have raised concerns that mental health care might have become less ethical due to some new restrictions and regulations.

In the UK survey, the authors note that a key challenge continues to be managing to combine infection control with a good therapeutic environment. Numerous respondents raised concerns about difficulties with infection control including problematic ward and office layouts, a lack of personal protective equipment (PPE) or of facilities for its proper use, and some service users finding it difficult to understand and adhere to social control.

Christian Dalton-Locke (UCL Psychiatry), co-first author of the UK-focused paper, said: "We found that balancing infection control requirements with maintaining therapeutic relationships with patients who may be distressed, suspicious, or struggling to comprehend the

situation, remains an important priority, and, as we have seen with reports of COVID-19 deaths among people subject to the Mental Health Act, the price of failure is potentially very high."

MHPRU Co-Director, Professor Alan Simpson (King's College London's Institute of Psychiatry, Psychology & Neuroscience, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, and South London and Maudsley NHS Foundation Trust), and senior author on both papers, said: "We found that in the UK and in other countries, mental health care providers have demonstrated considerable agility and flexibility in responding to the pandemic, but staff remain concerned for the future.

"Regarding telemedicine, our sources have given a clear warning that substantial technological, social and procedural barriers remain, and that its use should remain selective, complementing rather than replacing face-to-face contact."

Dr. Luke Sheridan Rains (UCL Psychiatry), co-first author of the international paper, said: "Mental health care staff in many countries are concerned about a potential delayed wave of increased demand, putting strain on services with limited resources. The potential long duration of the pandemic suggests that avoiding a crisis in mental health care should be a global priority."

More information: et al, Early impacts of the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses, *Social Psychiatry and Psychiatric Epidemiology* (2020). [DOI: 10.1007/s00127-020-01924-7](https://doi.org/10.1007/s00127-020-01924-7)

Provided by University College London

Citation: Telemedicine may well outlast the pandemic, say mental health care staff (2020, August 19) retrieved 5 February 2023 from

<https://medicalxpress.com/news/2020-08-telemedicine-outlast-pandemic-mental-health.html>

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