

Now that psychiatric care has gone online, many patients want it to stay there

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Only a year ago, Michigan Medicine psychiatrists were trying to recruit

patients to give telepsychiatry a try, with very little success.

The psychiatrists worked with people by video only 26 times in six months, while 30,000 visits happened in person. But that changed quickly when the coronavirus pandemic forced closures in the area in late March.

Now, not only have patients seeking help with [mental health issues](#) been working through their emotions and experiences by video and phone for months—many would like to keep those options, a new study shows.

"Telepsychiatry is an interesting tool for various reasons in terms of providing early access to care, connecting patients in rural areas or who live far away from clinics to be able to get good evidence-based care," said study author Dr. Jennifer Severe, a psychiatrist who helped launch a test of telehealth initiatives at the University of Michigan's outpatient psychiatry clinic.

"Even patients who are closer, based on life burden and expectation, they might not be able to keep up with their appointments, so telehealth actually offers a way to remain connected with care, regardless of how busy people's lives might be," Severe said.

For the study, published recently in the journal *JMIR Formative Research*, researchers surveyed 244 patients or parents of minor patients in summer 2020. The patients had mental [health](#) appointments in the first weeks of the pandemic shutdown.

Most of the survey participants had their own or their child's first pandemic-time appointment through a video call. A minority of patients, 13.5%, started telepsychiatry with phone visits. That group was more likely to be older than 45.

Nearly all of the study participants who had a telepsychiatry visit said it went as well as expected or better.

About half (46.7%) said they were likely to continue with telepsychiatry even after in-person visits were available again. Those who had appointments by phone instead of video were much less likely to want to continue remote mental health care in the future.

"The excitement is there, but we need to make sure that we have a way to keep up with the demand," Severe said.

This data could help inform the decisions of health insurers and government agencies who will make decisions about whether and how to pay mental health care providers for future virtual care, Severe said.

To improve access, while the survey was ongoing, senior study author Dr. Mary Carol Blazek led development of a program called Geriatric Education for Telehealth Access, or GET Access, to help older patients.

The study didn't cover the issue of no-shows and appointment cancelations, but those have been reduced substantially, according to Michigan Medicine.

Phone and video visits within established patient-mental health provider relationships are equally effective, Severe said.

However, for first visits, the therapists typically try to avoid using the phone because it can reduce communication cues and limits observing facial expressions, interaction and movement, which can help evaluate mental health status. Sometimes physical exams can be required to assess a patient's balance and mobility, as well as check for medication side effects.

"Sometimes communication might be difficult. Sometimes you might need to do a physical exam. There might be a lack of important physical exam approaches and communication techniques that might be missing," Severe said. "So, that's one reason I will say telehealth might not be for everyone."

Severe hopes to see more of a blended approach after the pandemic, where a patient may do a face-to-face visit, followed by a couple of telehealth visits, and then return for another face-to-face visit.

During the pandemic, telehealth has been responsible for saving small mental health practices while also continuing to help patients, said Vaile Wright, senior director of health care innovation for the American Psychological Association.

"The evidence is pretty strong. People are having mental health difficulties, much more so than in the past and, thankfully, they are seeking out treatment," Wright added. "I think telehealth makes it possible for them to do so safely."

For some people, it may be harder to connect in a virtual environment. For others, it may make it easier because they don't have to get time off work, figure out child care or travel to the office.

Issues to consider are ensuring that patients understand the [online platform](#), have adequate internet accessibility and have adequate privacy in their homes to have a mental health appointment. Backup safety plans also need to be considered, Wright said.

"What happens if somebody is in a crisis? When they're in your office [you] have a system in place, but when they're not, maybe [you're] not even sure where they're located exactly, that can make it challenging," Wright said. "So, ensuring that you've got those sorts of backups in place

is important."

More information: The U.S. Centers for Disease Control and Prevention has more [about mental health](#).

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