



Telepsychiatry during the COVID-19 Pandemic: Challenges and Opportunities

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Dear Editor

Coronavirus disease 2019 (COVID-19) was first reported in Wuhan, China, on December 17, 2019, and from March 23, 2020, the deadly virus spread around the world in the shortest possible time. The World Health Organization declared the COVID-19 a worldwide pandemic on March 11, 2020 [1]. The COVID-19 has a wide variety of symptoms, such as fever, dry cough, body aches, and shortness of breath. A wide range of epidemiology, rumors and misinformation about the origin of the disease, failure of various therapies, and high transmissibility of this virus have instilled considerable anxiety and stress in people across the globe [2]. The COVID-19 pandemic has caused widespread psychological disorders, including anxiety, depression, stress, fear, and sadness around the world. Moreover, people who are in vulnerable groups and are more prone to COVID-19 (such as the elderly and people with certain diseases) experience more psychological problems [3].

Establishing social distancing and home quarantine to control the prevalence of COVID-19 has severely limited the ability of mental health providers, especially at a time when prevention of psychological disorders is critical [4]. In this regard, Zhou et al. [5] examined the status of psychological care during the COVID-19 pandemic. The results of the stated study demonstrated that during the COVID-19 pandemic, psychiatric care was significantly reduced due to social isolation and the closure of many psychological centers. In this regard, it was reported that 18.1% of patients had difficulty taking their medications and 17.2%

stopped taking the medication. In addition, 24.5% of patients with anxiety, depression, and stress cannot receive timely diagnosis and treatment. Although COVID-19 is the third coronavirus in the last 20 years to have a significant impact on mental health and the global economy, this is the first time in the 21st century that all countries, except Antarctica, have been affected by the virus. Anxiety, as well as uncertainty surrounding a definitive treatment and the end of the COVID-19 outbreak, has led to many psychological problems, such as depression, anxiety, and stress [6]. In addition, social media images related to the number of COVID-19 patients, death statistics, bodies and coffins buried deep underground while their families could not say goodbye to them caused widespread psychological and social distress, highlighting the urgent need for mental health care providers during this period [7].

In line with government requests to stay at home and socially distance themselves from others, mental health providers have turned to online and offline counseling, often referred to as telepsychiatry [4]. Telepsychiatry is defined as the provision of psychological care and exchange of psychiatric care information to provide psychiatric services in remote areas. The practice of telepsychiatry is performed in three ways: store-and-forward, real-time, and hybrid [8]. Among the benefits of telepsychiatry, we can refer to the provision of counseling for remote areas to prevent unnecessary travel, providing counseling in psychiatric emergencies, helping patients with home

care, as well as providing services to people living in nursing homes, providing remote psychiatric counseling for children, counseling to prisoners whose transfer from prison to hospitals is usually costly, counseling in disasters, for pre-taking care of the complications of post-traumatic stress disorder and training health system staff [9].

Especially during the COVID-19 pandemic, when many patients lost access to psychiatry and psychology, the use of virtual and electronic services was of great help in the reduction and control of the prevalence of psychological disorders. In this regard, in their study, Guinart et al. [10] examined mental health professionals' opinions about distance psychiatry during the COVID-19 pandemic. Out of 18 states in the United States, 819 psychologists and psychiatrists took part in the survey. According to the survey, 73% and 66% of them used video and telephone calls, respectively, which was a great experience. Moreover, 69% of participants mentioned timely initiation and 77% referred to flexibility in the time and place of treatment sessions as the benefits of video and telephone calls. On the other hand, some problems, including patients' insufficient information about the use of technology (52%), lack of sense of intimacy with clients (46%), as well as technical problems, such as internet interruption (39%), were reported by therapists. Furthermore, 64% of therapists wanted to continue telepsychiatry after the COVID-19 pandemic. These ethical and professional points should also be considered by therapists and patients to achieve the greatest efficiency in virtual and online services. In their study, Stoll et al. [11] outlined the ethical principles that telemedicine psychiatry should follow during the COVID-19 pandemic. The issues that must be observed by therapists during telemedicine psychiatry include: 1) the principle of confidentiality, 2) safe space and place for clients, 3) the therapist's competence and readiness, 4) legal and national issues, 5) having a license, and 6) having concerns about social justice. The use of distance psychiatry seems to have advanced incentives and barriers. For example, the use of telepsychiatry is encouraged by the desire of most professionals to live in large cities, population dispersion, and the existence of deprived areas in the country, as well as the relatively good telecommunications infrastructure in the country. On the other hand, issues related to how to pay for specialist physicians, insurance issues, cultural issues, as well as the very important issue of confidentiality and information security, are among the major barriers to the use of this system [9-11]. Therefore, it seems that extensive studies of preparedness, feasibility, and needs assessment are

needed to use communication technologies in providing psychiatric services in the country.

Inside Iran, during the COVID-19 pandemic, vulnerable groups, such as the elderly, people with chronic diseases, veterans, people with psychological disorders, and hospital staff, were identified due to high stress. They are in dire need of psychological intervention. Two years have passed since the global outbreak of COVID-19 and we are still witnessing the mutation of this deadly virus; therefore, it is necessary to take measures to improve telepsychiatry services. On the other hand, after the COVID-19 pandemic, we will encounter numerous psychological disorders, including post-traumatic stress disorder, in many vulnerable people who need telepsychiatry services.

Compliance with ethical guidelines

Ethical principles in writing the article have been observed according to the instructions of the National Ethics Committee and the COPE regulations.

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Authors' contributions

All authors contributed to the preparation of the study manuscript.

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Conflicts of Interest

The authors declare that they no conflict of interest regarding the publication of this article.

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