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TELEPSYCHIATRY IN THE ROMANIAN HEALTH SYSTEM DURING COVID-19 PANDEMIC

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Abstract: *With the covid-19 pandemic and the related restrictions to reduce the spread of the virus, the interaction between doctor and patient has changed, especially in the outpatients department. Thus, the need for remote consultations also appeared in the Romanian health system, especially in the psychiatric one. Although in other countries psychiatrists were familiar with this form of consultation, for Romanian psychiatrists, who were not trained either in residency or during medical school, it was a great challenge. If until March 2020 the patient's consultation had to be performed only in the physical presence of a doctor, once the COVID-19 pandemic appeared, the Romanian government and the president, through the legislative acts issued, provided a legal framework for conducting this remote consultations. With the advent of telepsychiatry, discussions arose in the psychiatric community about the advantages and disadvantages of this type of consultation.*

Starting with 11th March 2020, the World Health Organization declares the appearance of the "Pandemic" situation due to the spread of SARS-CoV-2 coronavirus worldwide.

For the first time, in the last hundred years, we have a COVID-19 pandemic, a new situation that has changed the approach of health care system, especially in the outpatient departments. In such a way, it has metamorphosed the interaction between patients and clinicians through the lack of face-to-face interaction. In order not to spread the disease, the recommendations were to minimize the contact between the patient and the doctor, although for people who received mental health care it was necessary for medical services to continue in a way that facilitates the use of telemedicine.

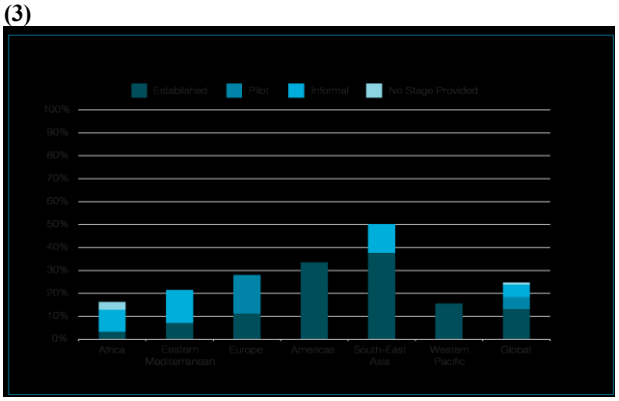
World Health Organization defined telemedicine as "the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities".(1)

Telemedicine, used for the first time in the psychiatric area was introduced in 1959 in the Nebraska Psychiatric Institute, being used for many years.(2)

In order to see the global impact of telemedicine in general, in particular psychiatry (for psychiatric evaluations and/or consultation via video and telephony), in 2009, the World Health Organization initiated the second global eHealth survey, started from 15th June 2009 and responses were accepted until 15th December.(3)

In figure no. 1, the study illustrates the proportion of countries with established, pilot and informal services, grouped by WHO region. The overall rates for each indicator are displayed along with regional ratio for analogy.(3)

Figure no. 1. Telepsychiatry initiatives by WHO region (3)



Since 2013, national and international organizations such as the National Institute of Mental Health and the World Health Organization tried to cover the void betwixt the necessity of mental health treatment and the possibility to have access to mental health care services. Telepsychiatry serves as a perfect match to decrease the treatment gap by ameliorating the patients access to medical care services, particularly in isolated conditions, such as the pandemic time.(4) As a result, instead of common consultations, remote consultations were used. This type of consultation has become the most commonly used in this pandemic situation. For psychiatrists, this type of consultation included follow-up interviews or psychiatric evaluation. So, the remote consultations could take place applying telepsychiatry (using phone calls or digital audio / video sites, for example Skype, WhatsApp, Facetime).

Prof. Alain Pompidou, Member of the European Parliament Chairman of Scientific and Technological Options Assessment Strasbourg described the principle of telemedicine in order to "have the same requirements as plain medicine: use by qualified personnel, an unambiguous legal framework

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defining the rights and obligations of clients and providers, and well-defined quality standards" (5) along with the protection of the patient's confidentiality, integrity and security of medical data.(5)The aim of this paperwork is to observe how telepsychiatry developed in several health systems and how psychiatrists work with it, especially those from Romania.

In Romania, from 16th March 2020, according to the Decree no. 240 of April 14th 2020, issued by the president of our country, "Medical consultations provided in primary care and the outpatient clinic, including for some related services necessary for the medical act, performed during the state of emergency, can be provided remotely using any means of communication".(6) After the end of the lockdown period, the Romanian government issued an Emergency Ordinance no. 70 of 14th May 2020 "based on the regulation of measures, with effect from 15th May 2020, in the context of the epidemiological situation caused by the spread of SARS-CoV-2 coronavirus" (7), in this way making possible the continuation of the telepsychiatry application (through the remote consultations) in the Romanian mental health system.

This decree and emergency ordinance set the legal framework for the remote consultations. This was for the first time in the history of our country when it was possible to evaluate the psychiatric patients in this way.

Although in the psychiatric world these remote consultations weren't something new. For example, the American Psychiatric Association (APA), in February 2018, stated its policy on "Telemedicine in psychiatry, using video conferencing, a validated and effective practice of medicine that increases access to medical care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient, protects patient autonomy, confidentiality, and privacy; and when used consistent with APA policies on medical ethics and applicable governing law".(8) This could happened due to the fact that in the United States of America it was a great lack of mental health services, particularly in the rural regions. In another country, like United Kingdom, the clinicians were used to this type of consultations. Due to the COVID-19 pandemic "Public Health England strongly advised the use of remote access of NHS (National Health Service) and essential services (via telephone or the internet)" (9) in order to protect people, by keeping the distance and to decrease the spread of coronavirus. Since 2018, in the Aneurin Bevan University Health Board, it has been operating a pilot programme, managed by the Technology Enabled Care programme (TEC Cymru) (10), utilizing telepsychiatry in which it was provided video conference to patients from Child and Adolescent Mental Health Service (CAMHS) teams. The patients were young people who self harm or have eating disorders and had to face long waiting times for assessments due to travel distances.(11) This programme was officially endorsed by RCPsych WALES (Royal College of Psychiatrists).(11)

In Romania, since 21st March 2020, the legal framework for the remote consultations was also possible due to the requirements of the Romanian Association of Psychiatry and Psychotherapy to the Romanian College of Physicians, the Ministry of Health, the National Insurance House and other eligible institutions and authorities.(12) The Romanian Association of Psychiatry and Psychotherapy is a national mechanism, delegated for psychiatrists, who had the opportunity to stipulate in their requirements the need to provide mental health care services during the Covid–19 pandemic, using remote consultations and the necessity of a legal framework for those consultations.(12) The assessment of the psychiatric evaluation, as a consequence of the remote consultations, was possible through the use of telephones, digital platforms (such as Skype, WhatsApp, Facetime), as well as other commercial products designed specifically for this purpose.(12)

Although the Romanian psychiatrists did not have any clinical experience or training in the telepsychiatry field, compared to their colleagues from other countries, they did their best. While some of the clinicians were content by the course of telepsychiatry during this period, others were unpleased by this form of consultation due to many reasons. At this moment, inside the psychiatric community, arguments, pros and cons have started about the future of telepsychiatry in the psychiatric field.

For a closer look, it is important to emphasize the benefits of remote consultation:

- Remote consultation, using internet platforms, is very accessible and easy to work through Generation Z. When we describe this generation, we are talking about people born in the mid-90s. These people are children who develop their knowledge simultaneously with social media and the internet (playing video games, interacting on Skype, Facebook and handling many websites at the same time).(13) This feature is the most important topic of this generation and about 91% of the people from this generation have access to smart phones and 90% of them watch YouTube daily.(14)
- Due to the decree no. 240 of April 14th 2020 and the emergency ordinance no. 70 of May 14th 2020, it was possible that this type of consultation to be performed by the psychiatrist and, at the same time, to be affordable for the patient, being supported by the National Health Insurance House.
- The psychiatrists were also allowed to send the prescription, by e-mail, to the patient's e-mail address or a pharmacy e-mail address, designated by the patient. In addition, it was permitted to send the sample letter, about the patient's medical condition and treatment, by e-mail, to GP's patient from the psychiatrist.
- Consultation-Liaison - The advantage of working in this way is that the psychiatrists can set aside more of their time to consult to GPs.(15) Telemedicine was also possible to use it in the general hospital, on the Covid patients admitted who need psychiatric evaluation.
- Remote consultation reduces the patient's waiting time, because they no longer have to wait their turn in front of the psychiatrist's office.
- It is a good cost-effective solution for psychiatric patients during the period of lockdown, whether if they are in urban or rural areas,
- It is a reliable method, but in order to emphasize the efficiency of telemedicine in the future, more studies are needed to assess psychiatric conditions.
- It has a good impact on the social and family context, due to the good mental state of the patient, obtained by administering the constant treatment through regular consultations.
- Leaving the patient in his/ her environment creates a measure that can reduce the fear of being in a outpatients department or psychiatric hospital, thus giving the chance not to feel stigmatized.
- Telepsychiatry, in the future, is a method that can reduce the recurrence of untreated patients due to the possibility of having an easy access to mental health services.

Although we talked about the benefits of telepsychiatry, there are also some disadvantages, such as the following:

- It is very difficult to have a license for treating patients using telemedicine.

- There is no training in telepsychiatry, as a student or as a resident, making these remote consultations very difficult to succeed without developing some different skills (such as technical evaluation; communication; administrative, medico-legal skills).
- Also, it is essential to have a good software to keep in safe places the patient's information.(5) This is important also to protect the information from the prescription/ the medical letter and to ensure that those medical documents will reach their senders.
- The lack of face to face interview seemingly decreases the therapeutic relationship between doctor and patient due to the lack of physical interaction (for example, using certain physical gestures to reassure the patient).
- If the patient has a very crowded place (because of the rough socio-economic conditions) it will be very difficult to run the remote consultation (there will be no privacy).
- Due to the fact that some patients do not have enough money to buy a smart telephone/ laptop or to pay the fees for the internet there will be no virtual space for the consultation. In these cases, the remote consultations were possible only by using the telephone.
- Within the psychiatric care system, psychologists occupy an important place. However, the National Health Insurance House did not allow the settlement of psychology services performed on online platforms during this COVID-19 pandemic. Nevertheless, the management team of "Dr. Gh. Preda" Psychiatric Hospital from Sibiu succeeded to provide psychological counselling services for the psychiatric patients. This was possible, since 1st of April 2020, through telephone service, a line called GreenLine Telephone 0800 070 050 – The "Dr. Gh. Preda" Psychiatric Hospital of Sibiu - Psychological Support. During this pandemic situation, there were nine clinical psychologists on calls, who worked in two shifts, from 8:00 to 15:00 and from 15:00 to 22:00, Monday to Friday.
- The elderly are a disadvantaged segment in these remote consultations. It is often difficult for them to deal with smart devices, involving electronic technology, and therefore, a large part of these consultations did not use digital platforms, but were done over the telephone.
- At the moment, in the Romanian psychiatric system, there are no guidelines to describe the practical issues of the telepsychiatry and also about the information system security.
- There are some medical conditions for which the remote consultation is not adequate; for example when a person has suicidal/ homicidal ideations or intentions/ aggressive behaviour.
- In the end, we can say that there are some limitations of the telepsychiatry and this procedure is not adequate for all the patients. There is a need for further studies to evaluate the correct needs of the telepsychiatry.

Although for psychiatrists this field of telepsychiatry is a new one, the same cannot be said about clinical psychologists who have been using digital platforms for a long time to offer online counselling. Telepsychiatry has the chance to present patients how to achieve therapeutic techniques in order to defeat psychological difficulties such as stress, anxiety, and depression.(16,17) The remote consultation is a good alternative from this time forth. It is important that, in the future, the psychiatric patient will have the chance to decide what type of consultation he/she wants. These requests will establish a direction for the type of consultations performed by psychiatrists.

The COVID-19 pandemic, in Romania, changed the perception on how to offer consultations by the psychiatrists. Until April 2020, there was no legal framework for the patient to be consulted remotely because the law stipulates that the patient must be evaluated only in the physical presence of a doctor.

However, the remote consultation has its own limits. It is very complicated to use it because of the problems involving socio-economic situations and due to the reluctance of some patients. We are talking about those patients with lack of skills to use technology, mistrust in this type of consultation or those patients who want to keep face-to-face interaction with the psychiatrist.

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