International telepsychiatry: a study of patient acceptability

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Summary

An international telepsychiatry service was established between Denmark and Sweden for cross-cultural patient groups, such as asylum seekers, refugees and migrants. Over an 18-month period starting in mid 2006, 30 patients were treated by telepsychiatry (21 men and 9 women). The patients received mental health care by videoconferencing from providers who spoke the patients' own language, i.e. without the assistance of interpreters. The total number of telepsychiatry sessions was 203 (range 1–22; average 6.8 sessions per patient). Patients completed a satisfaction questionnaire at the end of treatment. Seven patients (23%) were not able to complete a questionnaire, due to illiteracy and/or a psychotic condition. The rest of the patients (n=23) reported a high level of acceptance and satisfaction with telepsychiatry, as well as a willingness to use it again or recommend it to others. Any disadvantages of telemedicine were compensated by the fact that the doctor and patient spoke the same language and had similar cultural and/or national references. Mentally ill asylum seekers, refugees and migrants are under-served in their mother tongue and telepsychiatry can improve access to scarce health-care resources.

Introduction

Telepsychiatry refers to the provision of mental health care from a distance, and includes clinical work with the patient, as well as educational and administrative activities related to mental health-care delivery. Several studies have demonstrated high reliability and patients' acceptance of telepsychiatry.[1–5] An international telepsychiatry collaboration was established between New Zealand and Australia,[6] although such trials have not been done in Europe. Apart from single case presentations, telepsychiatry has not been used on a large scale to assess and/or treat cross-cultural patients in their respective mother tongue.[7]

Mental health-care services for asylum seekers, refugees and migrants in Denmark are usually provided by interpreters due to the shortage of professionals with the appropriate cross-cultural background and language skills. Consequently, complex communication challenges occur in a patient population known to have a high incidence of post-traumatic stress disorder, anxiety, severe depression and self-harm. Cultural differences and language disabilities result in communication gaps where important nuances are either obscured or missed. In such a situation, both patients and professionals are often exposed to the 'lost-in-translation syndrome'. As mental health care relies on interpersonal communication where patients disclose painful or intimate personal details, it is not hard to imagine how the presence of an unknown third person (the interpreter) influences the nature of the therapeutic relationship. The difficulties in dealing with a cross-cultural patient population are well-known.[8–10]

In view of these problems, a telepsychiatry service was established in Denmark for asylum seekers, refugees and migrants. The hypothesis was that the majority of cross-cultural patients would prefer contact in their mother tongue, even if provided via telepsychiatry, rather than interpreter-provided face-to-face contact with a doctor.

The Little Prince Psychiatric Centre in Copenhagen is the only place in Denmark with cross-cultural expertise in telepsychiatry.[11] The Centre established the first telepsychiatry pilot project in 2004.[12] Because resources with cross-cultural skills were more readily available in Sweden than in Denmark, it was obviously desirable to involve cross-cultural clinicians from Sweden in the project. The first international telepsychiatry collaboration was established in 2006. Four telepsychiatry stations in Denmark were linked by videoconference to one station in Sweden. Clinicians who spoke Arabic, Polish, Kurdish and ex-Yugoslavian languages were available in Sweden to treat patients in Denmark.

In order to assess the patients' attitudes toward the quality, advantages and disadvantages of telepsychiatry, a patient satisfaction survey was conducted.

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Methods

Over a period of 18 months (May 2006–October 2007), 30 patients were treated by telepsychiatry (21 men and 9 women). The mean age of the men was 42.5 years and that for women was 41.7 years. The patients' residency status, countries of origin and duration of education are shown in Tables 1, 2 and 3, respectively. Five of the patients (17%) had previous experience of the mental health system in their respective country of origin and 21 of them (70%) had previous experience in Denmark.

All patients received written and spoken information about the telepsychiatry service, after which the consent to participate in the study was sought. The survey did not require approval from an ethics committee. The total number of telepsychiatry sessions provided over the period of 1.5 years was 203 (range 1–22; average 6.8 sessions per patient). The psychiatric interviews disclosed a wide range of psychiatric disorders (Figure 1).

After the end of the telepsychiatry contact all patients were asked to complete a satisfaction questionnaire, seeking their attitudes toward the telepsychiatry service.

Videoconferencing equipment connected the Swedish department of the Little Prince Psychiatric Centre with two hospitals, one asylum seekers' centre and one social institution, at four different places in Denmark. The distances from the Swedish station located in Malmö to the Danish telepsychiatry stations were 140–300 km.

Technical support was provided by Dansk Telemedicin A/S.[13] All sites were equipped with pan-tilt-zoom cameras (VSX 7000, Polycom), allowing the psychiatrists to control the cameras at the patient sites. The videoconferencing units used AES (Advanced Encryption Standard) encryption.

In Denmark the stations were connected by 2 Mbit/s sHDSL connections (symmetric high-speed digital subscriber line). Even though symmetric lines were used, the upstream bandwidth was limited, typically in the range 768–1500 kbit/s. In Sweden 10 Mbit/s fibre connections were used, as high-speed connections are cheaper and more readily available in Sweden. The latency (network delay) was low, generally less than 100 ms. This resulted in high quality video transmission, with fewer than 1% dropped frames.

Table 1 Residency status

	n	%
Domestic	1	3
Asylum seekers	12	40
Refugees	14	47
Migrants	3	10
Total	*30*	*100*

Table 2 Countries of origin

	n	%
Ex-Yugoslavia	18	61
Iraq	6	21
Denmark	1	3
Somalia	1	3
Lebanon	1	3
Syria	1	3
Poland	1	3
Morocco	1	3
Total	*30*	*100*

Results

Seven patients (23%) were not able to complete the questionnaire, due to illiteracy and/or a psychotic condition. The rest of the patients (n=23) reported a high level of acceptance and satisfaction with telepsychiatry, as well as a willingness to use it again or recommend it to others (Table 4).

Patients expressed a wish to use telepsychiatry via their mother tongue, rather than through an interpreter in the future. The patients perceived advantages, primarily, regarding direct contact via their mother tongue that allowed them to express exactly what they wanted to and, secondarily, no need for travel in order to meet a doctor who spoke the same language.

Table 3 Duration of education

	n	%
0–4 years	8	27
5–8 years	9	30
9–12 years	10	33
Over 12 years	3	10
Total	*30*	*100*

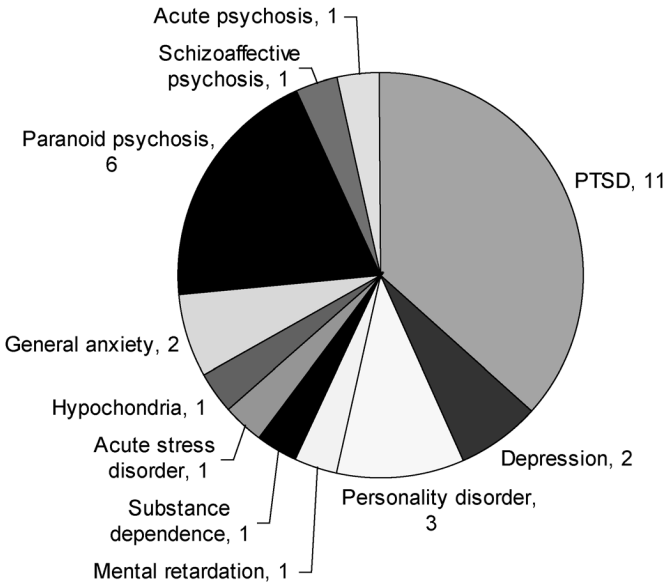

Figure 1 Diagnoses (n=30)

Table 4 Questionnaire responses

	Respondents (*n*)	Yes, in high degree (%)	Yes, in some degree (%)	No, only in less degree (%)	No, not at all (%)	Don't know (%)
1. Did you get enough information about telepsychiatry?	23	83	17	–	–	–
2. Do you perceive 'contact via TV' as uncomfortable?	23	4	4	22	70	–
3. Did you feel safe under telepsychiatry contact?	23	78	22	–	–	–
4. Were you satisfied with the sound quality?	23	96	4	–	–	–
5. Were you satisfied with the picture quality?	23	87	13	–	–	–
6. Did you achieve your goal via telepsychiatry / could you express everything you wanted to?	23	83	17	–	–	–
7. Would you recommend telepsychiatry to others?	23	87	13	–	–	–
8. Would you prefer contact via a translator in future?	22	5	18	–	77	–

Disadvantages of telepsychiatry were related to the physical environment (e.g. the videoconference offices were small and often used for other purposes).

Discussion

The shortage of cross-cultural resources is probably highest in Denmark compared with the rest of the EU. The use of remote professional resources from neighbouring country (Sweden) in the present work increased the access to clinicians with appropriate skills (i.e. language abilities). There is no doubt that direct contact with the patient is preferable in almost all settings within mental health care. However, when the only contact is interpreter-assisted or is preceded by long waiting times and/or the need to travel, then telepsychiatry may be the tool of choice. Basic information about telepsychiatry and an assurance that confidentiality will be maintained may contribute to the development of positive attitudes in patients with no previous experience of such communication.

Most statements made by the patients in the survey indicated that telepsychiatry via their mother tongue enhanced the quality of the therapeutic relationship. It is clear that communication in the patient's mother tongue versus interpreter-provided contact, prevented the lack of confidentiality and the loss of nuances of verbal communication. The restricted physical contact and non-verbal communication of telepsychiatry was compensated by the fact that the doctor and patient spoke the same language and had similar cultural and/or national references. The patients reported that they were able to achieve their aims through videoconference-provided mental health care. They expressed no feelings of threat or concerns about confidentiality and safety during the telepsychiatry sessions.

Mental health services in Scandinavia face significant resource shortages that may result in functional gaps. Many cross-cultural patients require such complex care that it is difficult to deliver via interpreters. There is no doubt that mentally ill asylum seekers, refugees and migrants are under-served in their mother tongue. Used as a supplement to existing mental health services, telepsychiatry can improve the access to scarce health-care resources.

The telepsychiatry project was one of the first to serve specific patient populations such as asylum seekers, refugees or migrants. Furthermore, it was probably the first international telepsychiatry collaboration to be established in Europe. The results of the survey may contribute to changes in policy and routines within mental health services for cross-cultural patient populations, not only in Denmark but also in the rest of the EU.

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