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# **"Telepsychiatry: Advancing Mental Health Support through Evolving Paradigms"**

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## **Abstract**

Telemedicine has revolutionized the healthcare landscape, offering numerous advantages such as cost-effectiveness, convenience, and reduced infection risks. The editorial aims to highlight the potential concern of telehealth in exacerbating psychiatric conditions. While telemedicine has its merits, the importance of in-person doctor-patient relationships cannot be understated. The bond formed in face-to-face settings fosters trust, empathy, and understanding, which are crucial in supporting patients during vulnerable moments. Limitations of telepsychiatry, including the challenge of capturing non-verbal cues and prompt crisis management, are explored. Socioeconomic disparities, privacy issues, and limited access to reliable internet connections further add to the complexity of telepsychiatric care. To enhance telepsychiatry, hybrid models of care are proposed, combining in-person and telemedicine consultations to establish trust and maintain continuity of care. Innovative approaches, such as Good Psychiatric Management (GPM), Collaborative Assessment and Management of Suicidality (CAMS), and Mentalization-Based Therapy (MBT), have emerged, addressing the limitations of telemedicine. GPM's emphasis on closely monitoring patients' progress and incorporating psychopharmacological interventions and psychotherapy makes it well-suited for telepsychiatry. CAMS stands out in crisis management, and MBT's focus on enhancing interpersonal skills is valuable in maintaining meaningful connections with patients. Telemedicine offers significant potential in psychiatry, but balancing medical advancements and preserving the human element of care is essential. Policymakers and healthcare professionals must prioritize establishing trusting relationships in face-to-face consultations while leveraging telemedicine for follow-up care. By skillfully integrating telemedicine and evidence-based treatment approaches, we can enhance patient outcomes and maintain the crucial human touch in mental health care.

**Keywords :** Telemedicine, Psychiatry, Good Psychiatric Management (GPM), Collaborative Assessment and Management of Suicidality (CAMS), Mentalization-Based Therapy (MBT)

## **Introduction**

Telemedicine has been widely recognized for its numerous advantages, including cost-effectiveness, convenience, and reduced infection risks. It has expanded the patient base and improved access to care while integrating healthcare systems through electronic health records (EHR). However, this editorial aims to shed light on a potential concern related to telepsychiatry – the risk of exacerbating psychiatric conditions. While telemedicine offers many benefits, it may inadvertently contribute to agoraphobia and negative thoughts, raising questions about whether it can provide the same intimacy and understanding as in-person psychiatric care. The COVID-19 pandemic has emphasized the value of social bonds and personal connections, prompting us to question whether telemedicine can truly offer the same level of intimacy and understanding.

## **The Vital Role of In-Person Doctor-Patient Relationships**

In a conventional clinical setting, when a patient arrives at a doctor's office to meet their psychiatrist, there exists an opportunity for the establishment of a doctor-patient relationship. This bond, based on trust and empathy, plays a vital role in supporting patients during their most vulnerable moments (4). The clinician's sincere concern for the patient's well-being and their ability to create a comfortable environment can significantly influence the patient's willingness to share their thoughts and emotions. A 45-minute in-person session allows for the recognition of non-verbal cues, including body language, facial expressions, and tone of voice, which offer valuable insights contributing to a comprehensive understanding of the patient's ongoing treatment and prognosis. Recognizing the deeply personal nature of psychiatric care is of utmost importance, necessitating a higher level of interaction (5).

## **Limitations of Telepsychiatry**

Telemedicine visits often limit the visual cues available to healthcare providers, as patients are only visible through their faces on a screen (6). This exclusion of crucial non-verbal cues can make it difficult to pick up on body language and subtle cues that provide insight into a patient's emotional state (7). Similarly, in cases where there may be underlying medical conditions or neurological abnormalities contributing to a psychiatric diagnosis, an in-person examination may be necessary as telemedicine cannot provide the same level of neurological examination.

## **Crisis Management and Accessibility Concerns**

Furthermore, telepsychiatry has its limitations when it comes to crisis management. Prompt access to local resources, including emergency departments, is essential in situations involving psychiatric emergencies or crises, where patients may require immediate in-person care (8). It is important to note that telepsychiatry may not provide the hands-on support necessary in such cases. If a telemedicine consultation encounters a patient experiencing a psychiatric emergency, the physician must remain on the call and actively engage with the patient until appropriate emergency on-site assistance arrives.

Moreover, patients from lower socioeconomic backgrounds may face challenges in accessing reliable internet connections, further hindering meaningful conversations through telemedicine (9). Additionally, maintaining privacy can be a concern, as patients may be consulted within their own rooms, making it possible for family members to overhear the conversation.

As clinicians, it is not only our responsibility to treat symptoms, but also to establish deep connections with our patients. The in-person doctor-patient relationship fosters trust, empathy, and a sense of understanding that can be challenging to achieve through a video conversation. Video conversations, while convenient, are limited in their effectiveness and can be seen as quick fixes for diagnosing and prescribing medication.

## **Integrating Hybrid Models of Care to Enhance Telepsychiatry**

To mitigate some of these challenges, healthcare providers can proactively address the limitations of telepsychiatry by offering hybrid models of care. By combining in-person and telemedicine consultations, providers can establish the initial doctor-patient relationship in person, leveraging the advantages of face-to-face interactions. Subsequent telemedicine follow-ups can then build on this foundation, maintaining continuity of care while accommodating patients' convenience.

## **Embracing Innovative Approaches**

Despite encountering numerous challenges, the healthcare industry has made significant strides in discovering groundbreaking solutions through Good Psychiatric Management (GPM), Collaborative Assessment and Management of Suicidality (CAMS), and Mentalization-Based Therapy (MBT). These innovative approaches are pushing the boundaries of what can be

achieved in their respective fields, and they hold particular relevance in the context of telepsychiatry.

One evidence-based treatment approach is known as GPM, which plays a crucial role in establishing a therapeutic relationship between psychiatrist and patients. Its focus encompasses various factors, such as enhancing the patient's overall functioning, improving emotional regulation, reducing self-harm and suicidal behaviors, fostering stable relationships, providing a clear diagnosis of Borderline Personality Disorder (BPD), and educating patients and their families about the disorder. Given the limitations of telemedicine in capturing non-verbal cues and the necessity of building trust and empathy in psychiatric care, GPM's emphasis on closely monitoring and maintaining contact with the patient becomes especially valuable(10). Moreover, the incorporation of psychopharmacological interventions and psychotherapy in GPM can address emotional dysregulation in BPD patients, offering a comprehensive approach to care that aligns with the complexity of psychiatric conditions.. By employing crisis management and safety planning, GPM effectively reduces the risk of suicide and self-harm in this population. Although GPM is designed as a time-limited treatment approach typically spanning one year, its ultimate goal is to establish a foundation for sustained improvement and self-care beyond the designated treatment period.

One such clinically oriented therapeutic approach for individuals at risk of suicide is known as CAMS. It encompasses several important components, including a comprehensive evaluation of the patient's thoughts and behavior related to suicide. In the context of telepsychiatry's challenges in crisis management and prompt access to local resources, CAMS stands out as an approach that involves the collaborative creation of a personalized treatment plan, addressing triggers, risks, and underlying causes of suicidal ideation to promote safety (11). Regular monitoring and assessment in CAMS enable healthcare providers to evaluate intervention effectiveness, making it a valuable tool in telepsychiatry's arsenal to tackle critical situations

There's a therapeutic approach to enhance a patient's mentalizing capacity, namely MBT. The core principle of MBT involves introspection of one's own mental states as well as those of others, with the aim of fostering positive relationships, managing emotions, and effectively navigating social interactions. In the context of telepsychiatry's limitation in capturing non-verbal cues and body language, MBT's focus on enhancing interpersonal skills and emotional understanding can be particularly relevant to maintain meaningful connections with patients (12). MBT's versatility in addressing various mental health conditions, including borderline personality disorder, depression, anxiety disorders, eating disorders, and substance use disorders, further underscores its applicability in telepsychiatric settings.

## **Conclusion**

As we embrace the potential of telemedicine within the realm of psychiatry, it becomes imperative to strike a balance between medical advancements and upholding the human element of care. While telemedicine can be a pivotal supplementary tool, policymakers and the medical

community must prioritize ensuring patients can forge trusting relationships with their physicians in face-to-face consultations. This foundation of trust and rapport can later be reinforced through video consultations that serve as follow-up measures. Telemedicine has significantly transformed psychiatry by making notable progress in identifying evidence-based treatment methods that prioritize establishing profound connections between psychiatrists and their patients. Notably, interventions such as Good Psychiatric Management (GPM), Collaborative Assessment and Management of Suicidality (CAMS), and Mentalization-Based Therapy (MBT) have consistently showcased promising outcomes by enhancing patient well-being and promoting safety.

To summarize, while telemedicine holds great promise in augmenting psychiatric care, it is vital to recognize the value of the in-person doctor-patient relationship. By skillfully integrating telemedicine into psychiatric practice and emphasizing evidence-based treatment approaches, we can strive to achieve the best possible patient outcomes while preserving the human touch that is integral to the field of mental health care.

**Abbreviations:**

EHR: Electronic Health Records

COVID-19: Coronavirus disease 2019

GPM: Good Psychiatric Management

BPD: Borderline Personality Disorder

CAMS: Collaborative Assessment and Management of Suicidality

MBT: Mentalization-Based Therapy

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