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Letter to the Editor

The potential scope and limits of post COVID-19 telepsychiatry in Ireland

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To the editor,

I read with interest linked submissions in your journal by Olwill *et al*., and Ali *et al*., on the issue of telemedicine in psychiatry, use of which has been accelerated by the COVID-19 pandemic over the last number of months (Ali *et al*., 2020; Olwill *et al*., 2021).

Many aspects of telemedicine are undoubtedly useful, including reduction of travel costs for service users and staff (Avidor *et al*., 2020), increased flexibility for staff and greater access to specialist advice for rural service users and primary healthcare providers (Jordan *et al*., 2021).

While Ali *et al*., make a valid point also about service user satisfaction with telemedicine, I note this does not necessarily correlate to outcomes. There is evidence that indicates service user adherence decreases when telemedicine is used for prolonged periods (Kinoshita *et al*., 2020). This might be mitigated by using telepsychiatry solely as an intermittent add-on for those who express a preference for the medium.

Furthermore, Uscher-Pines *et al*., note clinician concerns about the impact of poor telehealth infrastructure and corresponding inconsistent internet access affecting more disadvantaged service users in particular (Uscher-Pines *et al*., 2020). Given the risk of presenting later with schizophrenia has been demonstrated to be related to social class (Mulvany *et al*., 2001), there is a potential risk of further extending this gap by inadvertedly increasing discrimination by means. For example access to appropriate electronic technology such as appropriate computing hardware or adequate mobile data or broadband internet speeds, could disproportionately affect rural dwelling, socially isolated or financially impoverished service users.

The issue Olwill *et al*., raise of the potential impact on confidentiality could be relevant to service users living in more crowded dwellings. This is important in an Irish context, given current low levels of housing supply (Conefrey & Staunton, 2019). I note that clinician concerns over limited training received in telemedicine have also been recently articulated by Guinart *et al*. (2021).

In future severity of illness could play a role in whether telehealth interventions are chosen. Lawes-Wickwar *et al*., have highlighted the poor quality of trials conducted into the effectiveness of telehealth interventions in those with severe mental illness. They also note a lack of investigation over acceptability and cost-effectiveness in this cohort, and identified research where telehealth patient education interventions had no benefit and were less acceptable to service users compared with traditional methods (Lawes-Wickwar *et al*, 2018).

By this letter, I hope to highlight some potential deleterious effects to the most severely unwell by a more marked shift to the practice of telepsychiatry, and a need to further investigate the impact of this shift. In light of healthcare time and cost savings of aspects of telemedicine, a hybrid model encompassing greater training for clinicians and taking into account accessibility of telehealth and severity of illness might be more beneficial to service users and service providers alike.

Conflict of interest. This author has no conflicts of interest to declare

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