

## Telemedicine: Right for you and your patients?

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The nature of needed mental health services and point of service suggest which technology to choose

Most mental health patients are appropriate candidates for telemedicine services—using telecommunication technologies to provide healthcare from a distance—if they agree to this treatment modality.

Psychiatry has an advantage over other specialties because we need only an image—not complex monitoring equipment—to evaluate and treat our patients. We can manage medications and perform consultation, psychological testing, and individual, family, or group psychotherapy using telehealth technologies.

Consider 3 factors before implementing a telemental health program:

**What does your patient need?** The nature of needed mental health services and point of service suggest which technology to choose. Determine if the barrier to an office visit is geographic or if the patient's mobility is limited by a comorbidity.

**Use videoconferencing or videophones?** Videoconferencing equipment used for telemental health applications—a video screen, camera, speakers, and software—provides a clear image, but usually requires dedicated space, integrated services digital network (ISDN) lines, and technical support. These factors can limit clinical applications to “hub and spoke”<sup>1</sup> programs that require patients to travel to a central location where videoconferencing technology is available.

Videophones are portable, affordable, durable, and work over conventional telephone lines. These devices resemble a desk telephone with a small screen and built-in camera. Videophones are ideal for:

- community case management<sup>2</sup>
- settings where space and budgets are limited.

Small image size and narrow bandwidth limit some clinical assessments such as evaluating negative symptoms of schizophrenia or medication-induced movement disorders. Videophones require a power source and a conventional telephone line. Cellular phones do not support videophone technology, which can be a problem for many patients who lack access to conventional telephone services.

**Patient selection.** Acutely agitated patients and those who pose a danger to themselves or others require face-to-face evaluation. Patients with hearing or vision deficits, delusions, ideas of reference, or hallucinations are not candidates for telehealth treatment.

Telehealth equipment does not allow you to evaluate subtle psychiatric signs such as affect, speech cadence, and certain movement disorders.

Nonverbal information can be crucial, such as in a multicultural environment. You might need periodic face-to-face evaluations to ensure that you do not miss nuances or “back channel” communication<sup>3</sup> such as pauses, speech cadence, or gestures.

### References

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3. Cukor P, Baer L, Willis BS, et al. Use of videophones and low-cost standard telephone lines to provide social presence in telepsychiatry. *Telemed J* 1998;4(4):313-21.

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