Is Mental State Examination Being Performed Adequately via Telepsychiatry?

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Background

Telepsychiatry is the application of telemedicine to the field of psychiatry, and involves providing psychiatric evaluations, psychotherapy, patient education and medication management via use of technology. The covid-19 outbreak led to challenges in the delivery of healthcare worldwide. Therefore, countries like the US and UK rapidly commenced telemedicine support in the form of video consultations.[1] At the outpatients clinic of Abdus Sami Trust Lahore, Pakistan, telepsychiatry was arranged and protocols were devised locally since no national policy or guidelines exist. Such an unprecedented shift left the doctors and patients with little time to familiarize themselves with this approach. An evaluation of the quality of psychiatric assessments, particularly the Mental State Examination (MSE) carried out via telepsychiatry 3 months following its inception at the service is therefore required.

Aims and objectives: To analyze the adequacy of Mental state examination (MSE) conducted during initial assessments via telepsychiatry and to compare them to usual face-to-face assessments in order to guide the future direction of policy and services.

Standards: Since no well-defined guidelines on recording MSE exist nationally, standards were agreed upon by the consultant psychiatrists based on a combination of the Electronic Medical Record (EMR) template, American Psychiatric Association (APA) guidelines on psychiatric evaluation and socio-cultural factors.

Methods: Data on initial MSE conducted via telepsychiatry from 1st April to 30th June, 2020 was collected from Electronic Medical Records (EMR). Patient identifiable data was excluded. Ten components of MSE as agreed by the trust were reviewed, and labeled either as recorded or not recorded. The number of fully completed and completely absent MSE's were compared to those conducted via face-to-face consultations from January 1st to March 31st 2020. Data was transferred to and analyzed using Microsoft Excel.

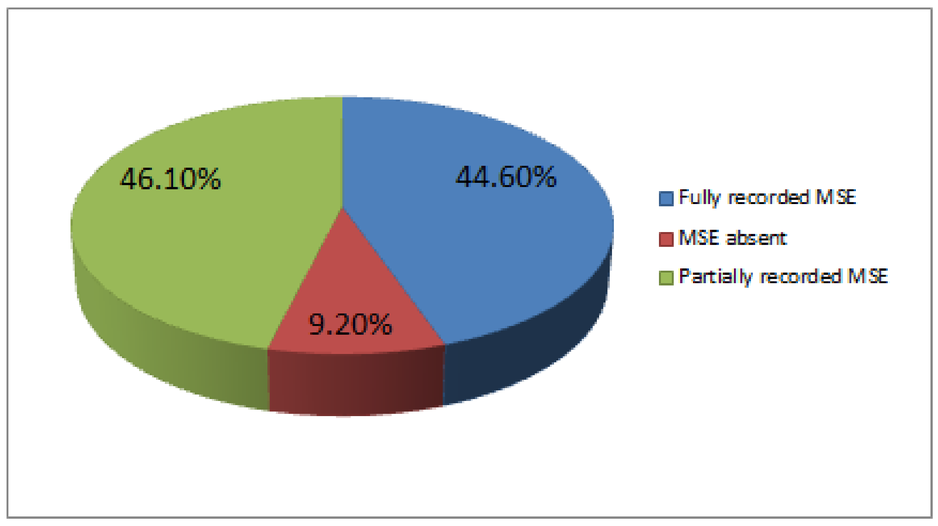
Results: Of the initial telepsychiatry assessments conducted (n=65), fully recorded MSE's were 44.61% (n=29) while 9.2% (n=6) had no MSE documented and 46.15% (n=30) had been completed partially with one or more components missing. This compares with total face-to-face assessments (n=84), of which, 69.04% (n= 58) had MSE fully documented, 30.95% (n= 26) had partially documented MSE and none had an undocumented MSE.

Omissions in individual MSE components during telepsychiatry assessments in descending order include Affect =36.92% (n=24), Perceptual disturbances= 33.8% (n=22), Cognitive functions=30.7%(n=20), followed by insight and judgment= 21.5% (n=14), appearance and behavior= 18.46% (n=12), form of thought= 18.46% (n=12), thought content= 15.38% (n=10), suicide, self-harm and homicidal thoughts= 10.77% (n=7), mood= 10.77% (n=7), and speech and language= 9.2% (n=6).

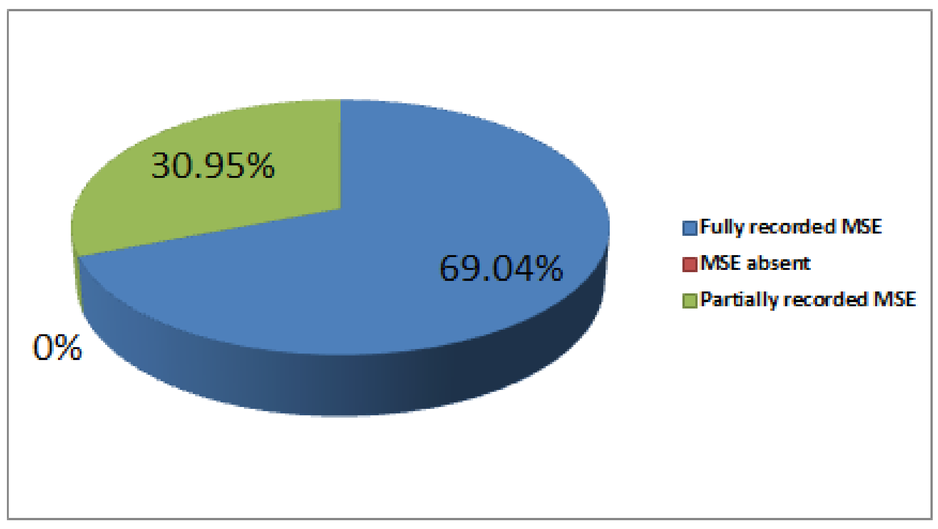
Telepsychiatry assessments (n=65)

	Appearance and behaviour	Speech and language	Mood	Affect	Form of thought & associations	Thought content	Suicidal, self-harm & homicidal ideas	Perceptual disturbance	Cognitive functions	Insight & judgment
Recorded	53 (81.53%)	59 (90.77%)	58 (89.23%)	41 (63.07%)	53 (81.53%)	55 (84.6%)	58 (89.23%)	43 (66.1%)	45 (69.23%)	51 (78.46%)
Not recorded	12 (18.46%)	6 (9.2%)	7 (10.77%)	24 (36.92%)	12 (18.46%)	10 (15.38%)	7 (10.77%)	22 (33.8%)	20 (30.7%)	14 (21.5%)

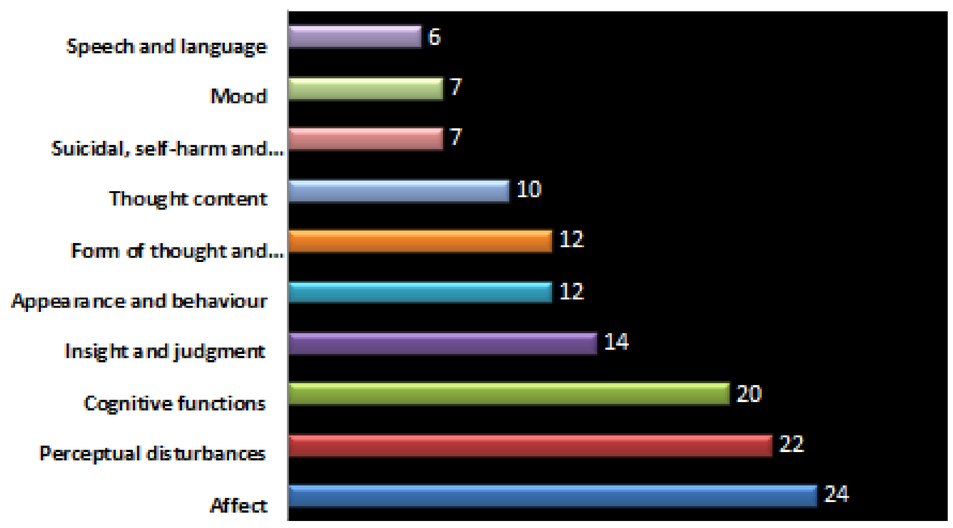
MSE completion via Telepsychiatry (n= 65)



MSE Completion among face-to-face assessments (n=84)



Number of individual MSE components omitted among telepsychiatry assessments



Discussion:

While the severe mental health impacts of covid-19, coupled with unprecedented disruptions in psychiatric care provision deem telepsychiatry a reasonable option,[2] it is crucial to acknowledge its limitations which range from hurdles in developing a mutual connection with the patient [3] to inability to ascertain significant objective findings such as tics, tremors, and subtle facial expressions.[4] The mental status examination (MSE) represents the most important step in the clinical evaluation of individuals suffering from or suspected of having mental disorders,[5] therefore, inability to ascertain certain elements of the MSE can potentially lead to diagnostic inaccuracies. It raises the question, however, whether such omissions can be attributed to telepsychiatry per se, or to the expertise and technology required to execute it.

Conclusion and next steps:

Initial assessments carried out via telepsychiatry in an outpatient setting show a significant decline in completed MSE's. Structured clinician feedback is required for every MSE they are unable to properly conduct, in order to determine its reasons accurately. Where such limitations raise concerns about safe practice, the same is to be communicated directly to the patient by the assessing doctor, and face-to-face consultations be offered as mandatory. A nationwide survey from psychiatrists, involving their perception and experience with telepsychiatry can help identify and rectify the deficiencies on a larger scale. Lastly, further discussions with the authorities are needed to devise policies and guidelines surrounding the use of technology in psychiatric practice.

References

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