

# A REMOTE NEW WORLD

## Psychiatrist reflections on using remote consultations for community mental health care during COVID-19: a qualitative interview study

AYESHA ALI (1) URVI BIHANI (1) AYA KHASATI (1) KEERTHI MUTHUKUMAR (1) ALAN HASANIC (2) RAJA OHRI (3) YUSUF SHEIKH (3) PROFESSOR JAMES BARLOW (1)

(1) Imperial College London, Exhibition Road, South Kensington, London SW7 2BX (2) St George's University of London, Cranmer Terrace, London SW17 0RE (3) King's College London, Strand, London WC2R 2LS

### INTRODUCTION

- Prior to COVID-19, mental health (MH) was the second largest disease burden in England, costing £105 billion per year.<sup>1,2</sup>
- The pandemic has now led to a 20% increase in demand for MH services coupled with a 10-20% decrease in capacity.<sup>3</sup>
- COVID-19 saw the widespread use of **remote consultations (RC)** by psychiatrists for mental health care.
- There remains a need to identify the benefits and challenges to using RC for mental health in the community (where 90% of MH care for adults is carried out) and whether it has a place in the future.<sup>4</sup>

### AIM

- Identify the benefits and challenges experienced by general adult psychiatrists when using video and/or telephone consultations for diagnosis and follow-up in NHS community settings during the COVID-19 pandemic.

### RESULTS

- Interviewees consisted of 5 male and 5 female psychiatrists (one chose not to disclose). Median age was 48 years (range: 39-74 years).
- Four meta-themes emerged from the transcripts as shown below. Each meta-theme contained various benefits and challenges of remote consultations compared to face-to-face as highlighted in Figure 3:

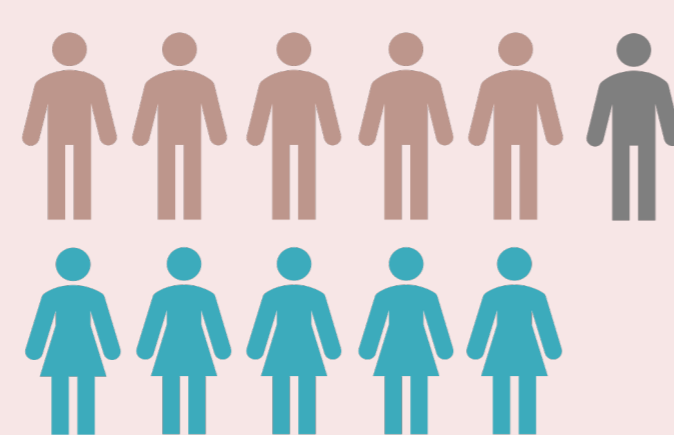


Figure 2: Gender of participants.

- **Care Quality:** findings concerned with the act of delivering optimal care.
- **Access:** findings suggesting impeded/improved patient access to MH care.
- **Personal Clinician Factors:** findings pertaining to the physician themselves.
- **Organisational:** findings associated with the physician's workplace.

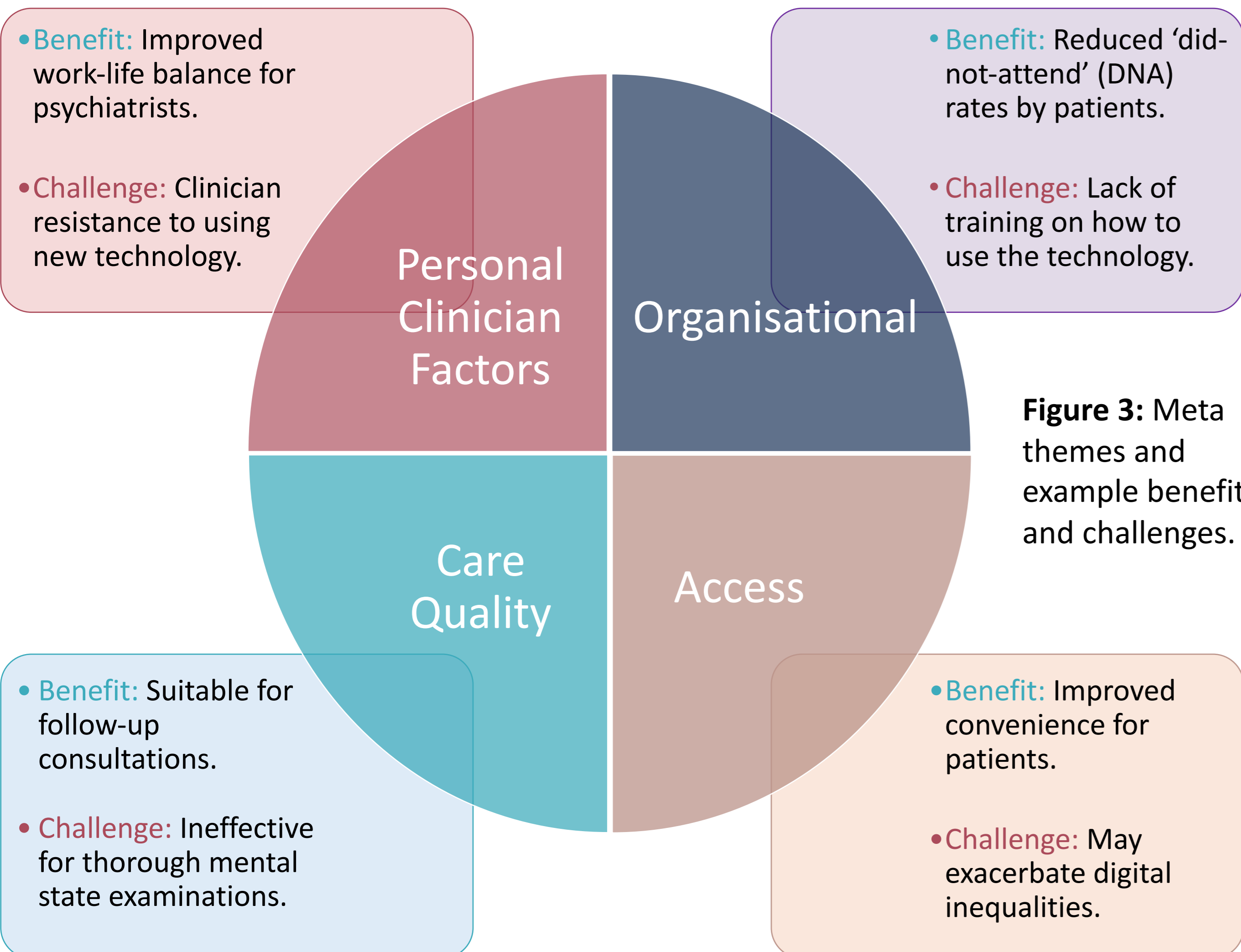


Figure 3: Meta themes and example benefits and challenges.

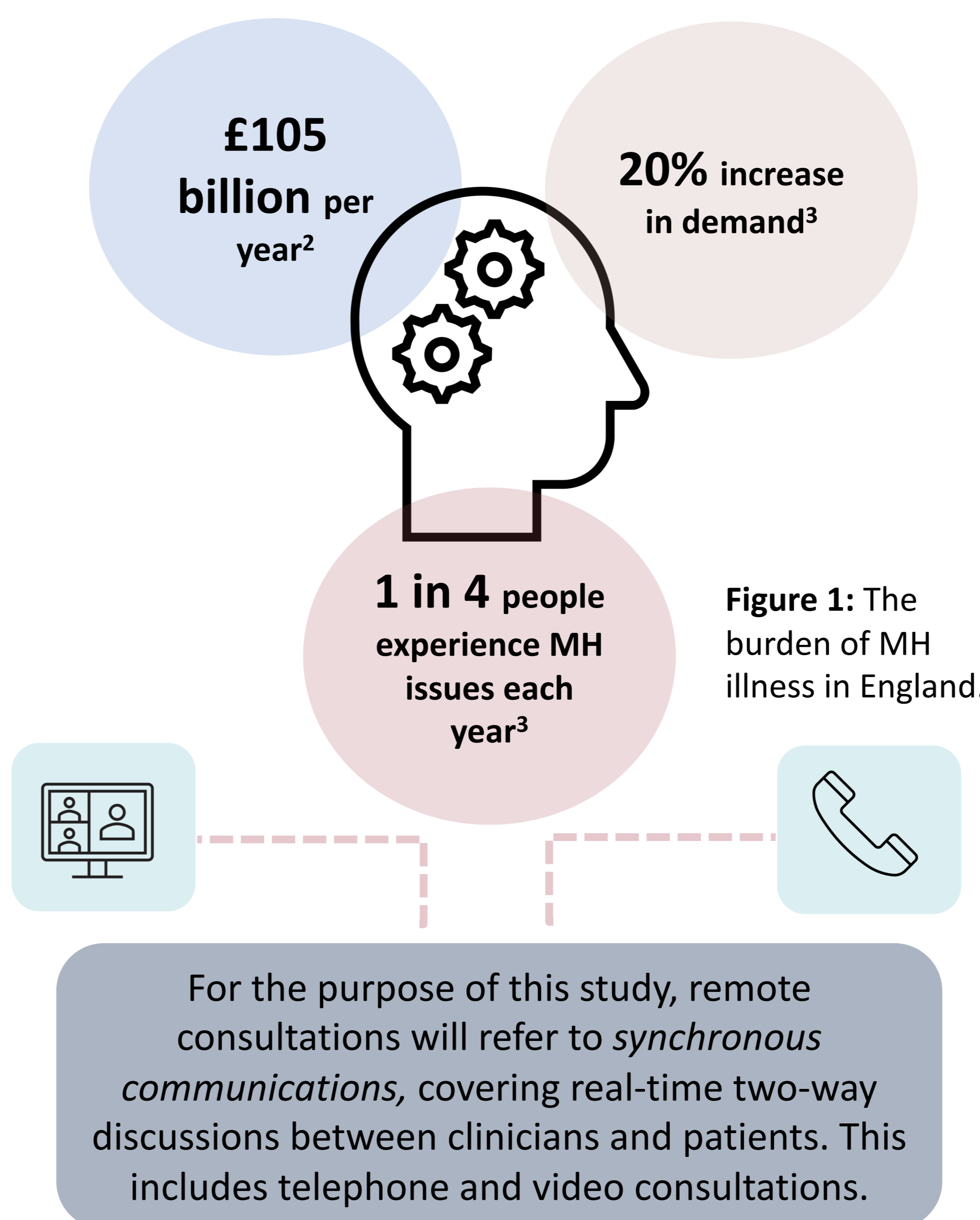


Figure 1: The burden of MH illness in England.

### METHODS

- Semi-structured interviews (SSI) were conducted with 11 general adult psychiatrists working across the UK.
- Participants were recruited using LinkedIn, personal contacts and professional social media groups.
- Maximum variation purposive sampling was used to ensure diversity in age, sex, ethnicity and location.
- Interviews were held until thematic saturation had been reached.
- All interviews were double-coded, with the creation of a codebook to identify themes that emerged.

Inclusion	Exclusion
General adult psychiatrists working in community settings	Health care professionals working in other settings and specialties
NHS worker	Works solely in private practice or abroad
Experience using remote consultations	No remote consultation experience

Table 1: SSI inclusion and exclusion criteria.

### DISCUSSION

#### Comparing remote consultations to face-to-face

Interviewees cited that RC were suitable for patients with mild depression and anxiety, however, were less appropriate for more severe illness such as psychosis. This may be attributed to the impaired rapport building between the doctor and patient and less personal nature of a video or telephone consultation compared to face-to-face. Furthermore, a lack of non-verbal cues (such as assessing the patient's appearance or smell) may hinder an effective mental state examination and a true assessment of the patient's condition.

However, RC provided increased convenience for patients and clinicians by reducing travelling times and costs. This increased efficiency was also bolstered by a reduction in DNA rates. Moreover, psychiatrists were able to gain insights into a patient's home environment, particularly with video facilitating information gathering.

#### Comparing telephone and video

Technical issues were frequent, particularly with video and some interviewed clinicians were displeased with a lack of training provided by organisations on how to conduct video consultations. This led to instances of staff resistance to using the technology. Psychiatrists also struggled with the non-visual nature of telephone consultations and hindered information gathering associated with this.

**Personal Clinician Factors:** "I think definitely there's been a lot of resistance... there was one who said he would resign... he would not work with video consultations."

**Care Quality:** "... if you're doing an assessment, the person can show you a full room shot...you get all the advantages of a home visit without anyone having to leave home."

Figure 4: Quotes from interviewees.

### CONCLUSION

To deliver a digital-first future for the NHS, greater exploration into the use of RC compared to face-to-face is needed, particularly for mental health care. Though face-to-face consultations remain the gold standard for mental health, video and telephone can provide a convenient and efficient way of communicating with patients, particularly during follow-up and with less severe forms of illness. This efficiency is of particular relevance when considering the MH pressures brought about by COVID-19.

Lack of training and staff resistance to technology were identified as major challenges. Interviewees identified a need for more tailored advice and guidance for doctors when using remote consultations, specific to MH care. To address these needs, this study led to the creation of a Remote Consultation Guidebook for clinicians, accessed using the QR code.

### REFERENCES AND ACKNOWLEDGMENTS

- (1) GOV.UK (2019) Health profile for England: 2019. 2019. GOV.UK. Available from: <https://www.gov.uk/government/publications/health-profile-for-england-2019>
- (2) NHS England (2017) Five Year Forward View For Mental Health: One Year On. Available from: <https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf>
- (3) CQC (2020) 2020 Community Mental Health Survey. Available from: [https://www.cqc.org.uk/sites/default/files/20201124\\_cmh20\\_statisticalrelease.pdf](https://www.cqc.org.uk/sites/default/files/20201124_cmh20_statisticalrelease.pdf)
- (4) NHS England (2019) The NHS Long Term Plan. Available from: [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)

We would like to express our gratitude towards Professors Brian McKinstry and Aziz Sheikh OBE for their guidance and support.

