

HOW EFFECTIVE HAS THE USE OF TECHNOLOGY BEEN DURING COVID-19 THROUGH THE EYES OF SERVICE USERS?

1. INTRODUCTION

The ongoing COVID-19 Pandemic has greatly affected mental wellbeing across the world. The uncertainty surrounding the COVID-19 pandemic, including the loss of normality, physical distancing, and economic and social loss seem to have a negative impact on people's mental health (Moreno, et al., 2020; Pfefferbaum & North, 2020). Research shows that patients with an eating disorder are at high risk of an escalation of symptoms, with one study showing that approximately 70% of these patients reported an increase in concerns around eating, weight and shape and a higher desire to increase physical activity as a way of regaining control in their lives during the pandemic (Schlegl, Maier, Meule & Voderholzer, 2020). In this context, it is of utmost importance for treatment and support to be maintained during these challenging times. Hence, adaptation to normal practice was made in order to provide continuity of care. Face-to-face consultations have been replaced by video or telephone sessions with the exception of high risk / emergency cases. The aim of this survey was to explore patients' experience and opinions regarding the use of technology as a means of consultation and therapy during the first 10 months of the pandemic.

2. METHOD

The Patient Experience Questionnaire (PEQ) was developed to explore patients' experience of telephone or video appointments in terms of the ease of use, technological problems encountered, and the effectiveness of virtual treatment / support. The PEQ was sent to patients who were in active treatment via Survey Monkey between the 30th October 2020 and 4th January 2021.

3. RESULTS

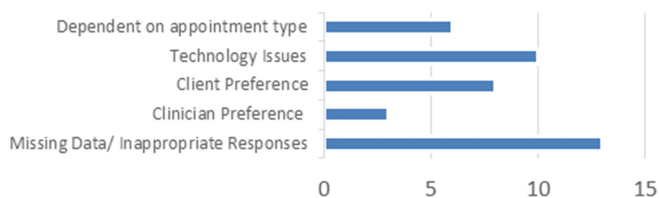
Out of a sample of 91 patients, 43 responses were received, yielding a response rate of 47.3%. A total of 10 questions were asked, varying from multiple-choice to open ended questions. The following is a summary of the data analysis. As a number of questionnaires were incomplete, the number of responses to each question may vary.

Question 1: Since March 2020 which method of contact with your therapist/doctor did you have?

A total of 43 responses were received with 8 of them indicating that they have only received telephone contact since March 2020 and 12 indicating only video consultation. However, the majority have received a mixture of telephone and video Contact.

Question 2: If you have been using a mixture of video and telephone, please could you state the reason for this method of contact (e.g., personal preference, technology, etc.)?

As indicated by the following graph, technology issues seemed to be the main reason for using a mixture of video and telephone contact. A common theme from the responses showed that the method of contact was also dependent on the type of appointment that the patient was receiving.



Question 3: What was the purpose of the contact?

Individual Therapy was reported to be the main purpose of contact, receiving 35 out of 42 responses. Medical Review scored 5 whereas Dietician and Monitoring Clinic had 1 response each.



5. REFERENCES

Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., ... & Arango, C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry*.
Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*.
Schlegl, S., Maier, J., Meule, A., & Voderholzer, U. (2020). Eating disorders in times of the COVID-19 pandemic—Results from an online survey of patients with anorexia nervosa. *International Journal of Eating Disorders*, 53(11), 1791-1800.

Question 4: On a scale of 1 – 10 (where 1 is of no use and 10 the most useful), how would you rate your experience?

Out of the 42 responses, 12 rated their experience as 'most useful' (10). However, 2 responses rated their experience as 'no use' (1). The mean score was 7.57.

Question 5: How was your experience compared to purely face-to-face contact?

This question was posed as a Likert scale, ranging from no benefit to more beneficial. 16 participants gave their experience as having more benefit compared to face-to-face contact with another 20 saying that they felt there was little or no benefit. 6 participants indicated that there was no difference.

Question 6: Did you feel that you were able to share your thoughts and feelings with the clinician the same as you can face-to-face?

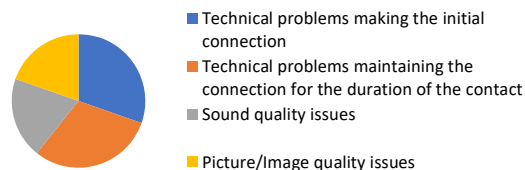
Similar to the previous question, the options ranged from 'Not at all' to 'A great deal more'. The results show that 19 participants found that they did not feel that they could share their thoughts and feelings, and only 9 patients found that they were able to share more than when in face-to-face sessions.

Question 7: Were you able to find a private and uninterrupted space in order to fully engage in the session?

Most patients felt they were able to find a private and uninterrupted space – 23 participants were able to find space 'with ease'. However, a few participants reported that they were not able to or had great difficulty (3/42) finding a private space to engage in sessions.

Question 8: If you took part in a video contact did you experience any of the following at any time?

This question allowed participants to choose multiple options. A clear problem that was experienced was technical issues making and maintaining contact - both receiving 17 responses. However, 12 participants missed this question which suggests that either they had no technical issues or did not engage in video contact.

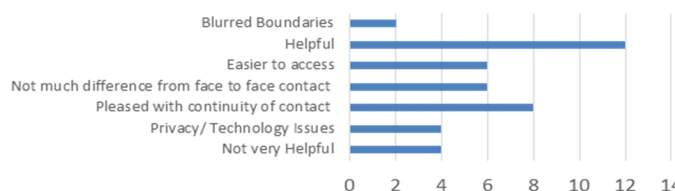


Question 9: What is your preferred method of contact?

The majority of patients voted for a mixture of video, telephone and face-to-face contact as their preferred method of engaging with the service, scoring 16 out of 42. Face-to-face contact only was the second most preferred method (12/42).

Question 10: Overall, how would you describe your experience of remote contact (either telephone or video)?

Key phrases from responses were collated into different categories, including positive comments such as gratitude for continuity of support and easy to access; and negative comments such as technology issues and blurred boundaries.



4. DISCUSSION

Telephone and video consultations were developed as a new way of providing treatment and support for patients as an adaptation to mitigate the negative impact of the COVID-19 pandemic. By evaluating patients' experience regarding the use of technology, the information can be used to develop future services. Potential improvements may include upgrade of technology to enhance the experience of virtual consultations. In addition, patients may be given the option of using a mixture of face-to-face, video and telephone contact depending on clinical needs and personal preference. However, clinicians also need to be aware of the limitations of using virtual appointments. In particular, patients suffering from an eating disorder are likely to project a superficial image ('external landscape') whilst concealing inner thoughts and feelings ('internal landscape'). Non-verbal communications such as fidgeting and restlessness that are easily noticeable in face-to-face sessions may be lost on a virtual platform, hence a balanced and carefully planned strategy is necessary.