Chapter VIII
Telepsychiatry Within European E–Health

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ABSTRACT

In this chapter the author gives the short review over wide range of telepsychiatry applications. Furthermore, describes completely new and innovative approach regarding assessment and/or treatment of asylum seekers, refugees and migrants in Europe. Experiences from both Danish telepsychiatry survey and the first international telepsychiatry collaboration in Europe ever, will be reviewed in this chapter. Numbers of benefits within mental health care systems all over the European Union can be achieved by establishing of an International European Telepsychiatry Network. The chapter ends by suggestions for future development within mental health services in EU.

INTRODUCTION

The term "telepsychiatry" in this chapter refers to audio-video conferencing in real time. Telepsychiatry connects patients and mental health professionals, permitting effective diagnosis, treatment, education, transfer of medical data and other activities related to mental health care.

Overall, studies confirm the notion that telepsychiatry assessments can produce reliable results, telepsychiatric services can lead to improved clinical status, and patients and clinicians are satisfied with treatment delivered via telepsychiatry (Simpson et al. 2001; Kopel et al., 2001; Bose et al., 2001; Bishop et al., 2002).

There are quite considerable possibilities that telepsychiatry presents to health care system,

practitioners and patients. There is a number of published surveys on wide range of telepsychiatry applications such as:

1. Assessment and/or treatment of diverse psychiatric disorders (Deitsch et al.2000; Hilty et al. 2000; Alessi 2002 ; Ruskin et al. 2004;)
2. Supervision and education of clinicians and staff (Gammon et al. 1998)
3. Forensic psychiatry (Zaylor et al. 2000; Brodey et al. 2000)
4. Psychology (Koocher et al. 2000: Capner, 2000)
5. Socialwork (McCarty et al. 2002)
6. Military psychiatry *
7. Geriatry (Tang et al. 2001; Yoshino et al. 2001)
8. Cultural psychiatry (Mucic, 2007)
9. Mental health service of individuals with hearing disabilities (Afrin et al. 1997)

Nevertheless, telepsychiatry can be cost-effective by reducing costs of transport for both clinicians/staff and the patient respectively (Hyler et al.2003).

However, the potential for 'linking' patients and clinicians by using video conferencing has not been explored in Europe in the same degree as in USA, Canada and Australia. The main explanation for minor telepsychiatry activities is higher accessibility to mental health services in Europe then in rural areas in Australia or Canada where telepsychiatry has been developed since 1959. European telepsychiatry pioneers are in Norway where rural areas' need for specialists' expertise has been partly satisfied via telepsychiatry. Aside from Norway, most recent telepsychiatry activities in Europe took/take place in England (McLaren et al. 2002),Finland (Sorvaniemi et al. 2005), Canary Islands (Cuevas C.et al. 2003), Sweden and Denmark (Mucic, 2007).

DANISH TELEPSYCHIATRY MODEL

Since early nineties, Denmark faced significant barriers in providing mental health care service towards refugees and migrants on their mother tongue. In the country with only few clinicians of other ethnic origin then Danish, the most of the treatment of refugees and migrants is provided via translators. Psychiatric Centre Little Prince in Copenhagen is the first and so far the only place in Denmark that use telepsychiatry in order to assess and/or treat asylum seekers, refugees and migrants via their own mother tongue (www. denlilleprins.org).

The first telepsychiatry project in Denmark initiated and realized by clinicians affiliated to the Centre increased the access to appropriate cross-cultural clinical, educational and consultation service. The project started in 2004. runs over three years and is supposed to grow in to a sustainable telepsychiatry service. The survey so far involved 60 patients from 8 countries speaking 6 different languages. There were 100% admission to both assessment and continuously treatment under the survey period. All patients were asked to complete the 10-items questionnaire after end of the telepsychiatry-contact in order to determine satisfactory level, advantages and disadvantages by using telepsychiatry.

Patients` response to telepsychiatry in Danish survey has been very positive regardless degree of mental illness. Key predictor of patient satisfaction in the survey was possibility to communicate on mother tongue. Both, participants with or without previous experience by translator provided mental health care prefer remote contact on mother tongue rather then contact via translator.

Several publications and international presentations followed the developing of the survey (see www.denlilleprins.org). Furthermore, the methodology, guidelines and clinical experiences have been developed in order to improve mental

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