

TELEPSYCHIATRY IN DENMARK

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Abstract: "Telepsychiatry" refers to use of telecommunication technologies in order to provide mental health care from distance. Mental health care system in Denmark faces significant barriers in providing psychiatric care towards refugees/migrants on their mother tongue. Furthermore, difficulties with recruiting specialists to outlying areas results in long waiting lists for both refugees/migrants but also indigenous population. 4 telepsychiatry sites have been established in period since July 2004. 45 participants have been involved in the project until January 2007. All participants reported a high level of acceptance and satisfaction with telepsychiatry.

Keywords: telepsychiatry, mother tongue, refugees/migrants.

Introduction

"Telepsychiatry" refers to the use of telecommunication technologies with the aim of providing psychiatric services from a distance [1]. Several studies demonstrated high reliability- and patient's acceptance of telepsychiatry [2-7]. It is no secret that mental health system in Denmark did face (and still does) significant barriers in providing appropriate psychiatric care towards refugees/migrants on their own language. Psychiatric treatment of refugees/migrants in Denmark is concentrated to several centers around the country where the treatment provides mostly via translators. There are only few "ethnic psychiatrists" in a country where 8,2 % of population consists of refugees/migrants [8]. Limited access to clinicians that speak their language and have similar cultural and ethnic background can have an influence on speed and accuracy of diagnosis and treatment. Furthermore, shortage of resources especially in outlying areas affects access to mental health for Danish patient population as well. One solution to these problems is to increase access to psychiatric expertise by using telepsychiatry (videoconference in real time). Psychiatric Centre Little Prince in Copenhagen employs clinicians that aside from Danish speak their patients' respective languages (see www.denlilleprins.org). This paper describes recent telepsychiatry project started in the summer 2004. **The key aim** of the project is to provide psychiatric service on

patients' mother tongue. The project period is 3 years (July 2004- July 2007).

Materials and methods

The main part of the work in this project is providing diagnostic assessment with subsequent treatment suggestions. In some cases continuously psychotherapeutically treatment via telepsychiatry supported by relevant medication was established.

Participants involved in the project are mentally ill refugees/migrants. Only one Danish patient has been involved in the project so far. Furthermore, staff involved in patient contact contributed in coordination of professional efforts within the project. Total number of participants involved in the survey until January 2007 was 45 (14 women and 31 men). Mean age for males were 41,6 years and 46,4 years for females. Countries of participants' origin are: Ex-Yugoslavia, Iraq, Somalia, Lebanon, Syria, Poland, Iran, Morocco and Denmark.

Duration of participants' education was as followed: 0-4 years (18%); 5-8 years (27 %); 9-12 years (39 %) and over 12 years (16 %). Most of participants (82%) did not have any contact to mental health system before arrival to Denmark. 61% of participants were in contact either with psychiatrist and/or psychologist in Denmark before being involved in the project. The mean number of sessions (by 45-60 min) completed for all 45 subjects was six. Five participants had at least one face-to face contact. The rest of the sample received only remote service. All participants in the project received written information about telepsychiatry. They all undersigned consent before or after the first telepsychiatry session. They 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 (Table I). There were 5 possible ways to answer: "Yes, in high degree", "Yes, in some degree", "No, only in less degree", "Not at all" and "Don't know". The last two questions needed descriptive answers.

Technical set-up

The videoconferencing system links Psychiatric Centre Little Prince in Copenhagen with 4 sites around the country (two Psychiatric departments; one activity centre and one asylum-seeker centre). These 4 sites are aprox. 150-200 km away from Copenhagen. Videoconferencing is via broadband sHDSL by 2Mb/s, using Polycom VX7000 equipment.

Table 1 Questionnaire

1.	Did you get enough information about telepsychiatry?
2.	Do you perceive "contact via TV" as uncomfortable?
3.	Did you feel safe under telepsychiatry contact?
4.	Have you been satisfied with sound quality?
5.	Have you been satisfied with picture quality?
6.	Did you achieve your goal via telepsychiatry/could you express everything you wanted to?
7.	Would you recommend telepsychiatry to others?
8.	Would you prefer contact via translator in future?
9.	What were you most satisfied with during the telepsychiatry contact?
10.	What were you most unsatisfied with during the telepsychiatry contact?

Results

Diagnostic assessments disclosed wide range of psychiatric disturbances (Fig.1). Participants reported a high level of acceptance and overall satisfaction with telepsychiatry regardless their ethnicity, educational level or previous experiences within mental health system (Fig. 2). There were no difference in satisfaction rates between patients that received subsequent

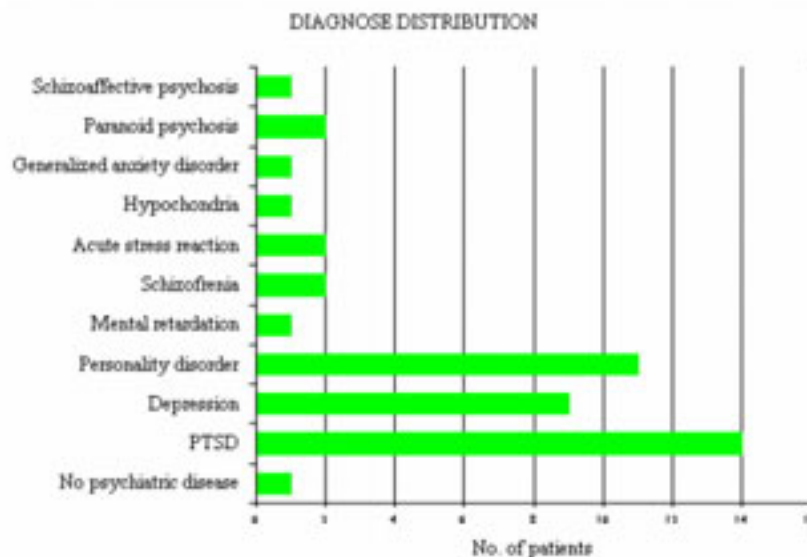


Fig. 1

face-to-face consultations and the rest of the sample. Participants

appreciated possibility to express their intimately emotional and existential problems on their mother tongue. Furthermore, they mentioned reduced need for travel. The most of participants reported willingness to use telepsychiatry again as well as they would prefer help by telepsychiatry on own language rather than face- to-face contact with the doctor via translator (Fig.3).

Discussion

The project presented both assessment and treatment via telepsychiatry. Key predictor of satisfaction with telepsychiatry in this survey was possibility to communicate on mother tongue. Participants' willingness to receive psychiatric service on

mother tongue via telepsychiatry rather than usual contact via translator can be understood as a natural need of confidential relation with the therapist and/or consequence of possible bad experiences with translators. According to our results, there are no difference in satisfaction level between participants who got subsequent face-to-face consultations and those who didn't. Of course, it is good idea to introduce the patient under face-to-face contact and possibly diminish eventual reluctance against new and unknown technology.

Our results also indicate that participants' ethnicity, educational level and degree of illness had no influence in order to choose telepsychiatry versus psychiatric help provided via translator. This is in discrepancy with an earlier published survey, which indicates that individuals with better

DID YOU ACHIEVE YOUR GOAL / COULD YOU EXPRESS EVERYTHING YOU WANTED TO ?

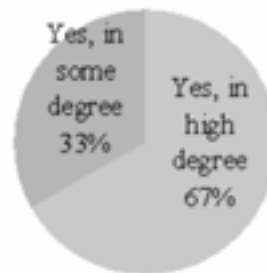


Fig. 2

WOULD YOU PREFER CONTACT VIA TRANSLATOR IN FUTURE ?

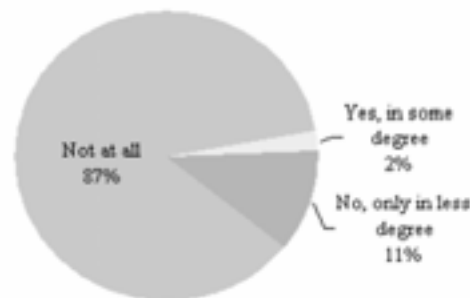


Fig. 3

physical health and higher adaptive coping scores tended to be more willing to participate in telepsychiatry [9]. Only one Danish participant has been involved in the project. The participant expressed high level of satisfaction with the method because of no need for transportation and no waiting time. This participant lives in outlying area where shortage of resources results in long waiting lists.

Conclusion

Telepsychiatry, as suggested by large number of original surveys through last four decades, is a growing field with the potential to deliver high quality; much needed assistance in a variety of settings to persons in need of mental health services [10]. In a field such as assessment and treatment of refugees/migrants, often torture survivors, who are significantly underserved on their mother tongue, telepsychiatry enables access to appropriate speciality service. Used as a supplement to existing mental health system, telepsychiatry brings professional psychiatric expertise to outlying areas with resource shortage. Consequently, it is able to serve not only refugees/migrants but also wide range of Danish patient population.

Acknowledgement

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