

Telepsychiatry in Denmark

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Background and aim

"Telepsychiatry" refers to the use of telecommunication technologies with the aim of providing psychiatric services from a distance [1]. 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 mother tongue. Limited access to clinicians that speak patients mother tongue decrease speed and accuracy of diagnosis and treatment. Furthermore it affect their compliance and make treatment more difficult and expensive. **The key aim** of this project is to provide psychiatric service on patients' mother tongue.

Material and methods

Clinicians involved in the project are affiliated to Psychiatric Centre Little Prince in Copenhagen, psychiatric clinic for treatment of refugees/migrants. They all have ethnic background that make possible to provide psychiatric care on patients' mother tongue. Participants involved in the project are mentally ill refugees/migrants. 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 as shown in Table I.

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 (6). Five (5) participants had at least one face-to-face contact. The rest of the sample received only remote service.

Homeland	No. of patients
Ex-Yugoslavia	24
Iraq	10
Somalia	5
Lebanon	2
Syria	1
Poland	1
Iran	1
Morocco	1
Total	45

Table I Countries of origin

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?

Table II Questionnaire

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 approximately 150-200 km away from Copenhagen. Videoconferencing is via broadband SHDSL by 2Mbit/s, using Polycom VX7000 equipment. The project period is 3 years (July 2004 - July 2007).

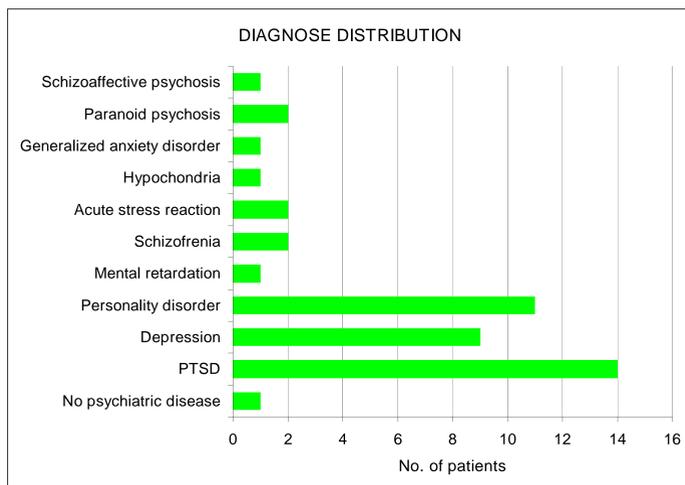


Fig I

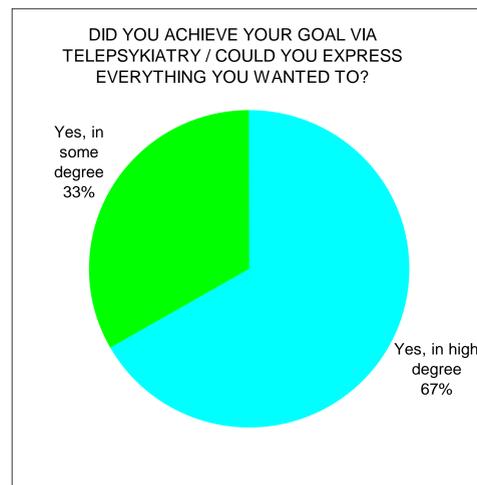


Fig II

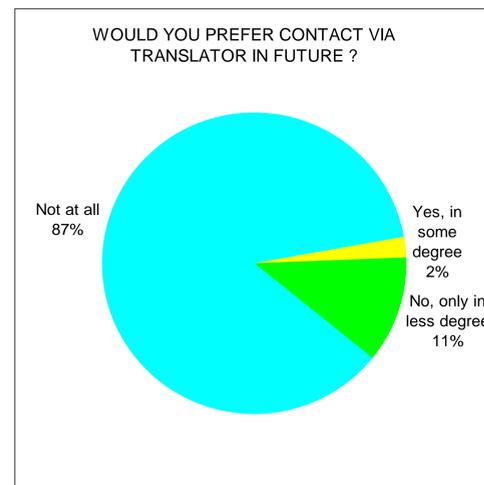


Fig III

Results

Diagnostic assessments disclosed wide range of psychiatric disturbances (Fig. I).

Participants' responses to telepsychiatry have been very positive regardless degree of mental illness. They reported a high level of acceptance and overall satisfaction with telepsychiatry regardless their ethnicity, educational level or previous experiences within mental health system (Fig. II & III).

There were no difference in satisfaction rates between patients that received subsequent face-to-face consultations and the rest of the sample. Participants find telepsychiatry acceptable and useful cause of possibility to express their intimately emotional and existential problems on their mother tongue. Furthermore, they mentioned reduced need for travel.

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 [2]. As far as we know, this is the first published research on use of videoconference in order to provide mental health toward such specific patient population as refugees/migrants [3].

In a field such as assessment and treatment of refugees/migrants, often torture survivors, who are significantly underserved on 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

The Danish Ministry of the Interior and Health, The Egmont Foundation and The Health Insurance Foundation have funded the project.

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