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# Covid-19: The last call for telepsychiatry

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To the Editor,

the timing of digital psychiatry implementation that the WPA-Lancet Psychiatry Commission on the Future of Psychiatry had projected for the next decade in 2017 is now accelerated by the COVID-19 health emergency (1). After two decades debating around the rationale, use and impact of telepsychiatry, COVID-19 urges us not only to ask how telepsychiatry could contribute to manage such emergency, but also to answer that question quickly and to act.

Since the World Health Organization declared the Covid-19 outbreak first a Public Health Emergency of International Concern (2) and then a pandemic (3), several countries promoted and incentivized telehealth services. In the field of mental health, we argue there is a strong rationale to push for the implementation of telepsychiatry as a tool to help reducing the current pressure on health services' capacity and the risk of viral transmission in hospital settings, to ensure continuity of care for psychiatric patients and to support general population wellbeing during quarantine and self-isolation.

Teleconsultation can indeed compensate and help to comply with the recommendations not to access healthcare facilities for COVID-19 symptomatic suspected cases and to reduce to the minimum non urgent hospital services; recommendations that are valid for everybody and in all settings, but even more so for psychiatric patients (4). First, some mental health difficulties, and associated problems, may limit or delay perceptions of changes in the external environment and feelings of self-protection, thus negatively impacting on adherence to standard precautions for infection control when in emergency departments, hospital wards and waiting rooms. Second, psychiatric boarding in emergency departments is associated with higher risk of hospitalization and thus longer stay in psychiatric wards not always equipped with high isolation standards against infectious respiratory diseases (5).

As hospital care is restricted by COVID-19, telepsychiatry could promote continuity of care for psychiatric patients at the community-level, remotely supporting them to cope with loneliness, hopelessness, death anxiety which might be exacerbated during health emergencies and associated-social distancing imposed measures (6). In turn, ensuring continuity of care via teleconsultation might lower the risk of clinical decompensation and consequent need of hospitalization for those patients (7).

Last but not least, the new demand for mental healthcare by the general population as a consequence of prolonged social distancing in the short and long run could be effectively tackled by the offer of telepsychiatry services (8).

The protection of the mental health status of this vulnerable segment of population needs to be recognized as a real public health priority (9). Using the right recommendations and protocols, on-demand

telepsychiatry has been proven to offer a closer continuity care and reduce emergency department pressure, discharge times, psychiatric hospitalization rates, and it is associated with good outcomes and high patient satisfaction.

The COVID-19 pandemic creates an opportunity to overcome normative, technological and cultural barriers to the use of telepsychiatry. We are convinced that where mental healthcare delivery takes place will be shifted for good and for the better.

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## References

1. Bhugra D, Tasman A, Pathare S, et al. The WPA-Lancet Psychiatry Commission on the Future of Psychiatry. Lancet Psychiatry 2017; 4(10): 775–818.
2. Odone A, Delmonte D, Scognamiglio T, et al. COVID-19 deaths in Lombardy, Italy: data in context. Lancet Public Health 2020; 5(6): e310.
3. Signorelli C, Scognamiglio T, Odone A. COVID-19 in Italy: impact of containment measures and prevalence estimates of infection in the general population. Acta Biomed 2020; 91(3-S): 175–179.
4. Costanza A, Mazzola V, Radomska M, et al. Who Consult an Adult Psychiatric Emergency Department? Pertinence of Admissions and Opportunities for Telepsychiatry. Medicina (Kaunas) 2020; 56(6): E295.
5. Zhu Y, Chen L, Ji H, et al. The Risk and Prevention of Novel Coronavirus Pneumonia Infections Among Inpatients in Psychiatric Hospitals. Neurosci Bull 2020; 36(3): 299–302.
6. Amerio A, Bianchi D, Santi F, et al. Covid-19 pandemic impact on mental health: a web-based cross-sectional survey on a sample of Italian general practitioners. Acta Biomed 2020; 91(2): 83–88.
7. Salum GA, Rehmenklau JF, Csordas MC, et al. Supporting people with severe mental health conditions during the COVID-19 pandemic: considerations for low- and middle-income countries using telehealth case management. Braz J Psychiatry 2020 [Epub ahead of print]
8. Serafini G, Parmigiani B, Amerio A, et al. The psychological impact of COVID-19 on the mental health in the general population. QJM 2020 [Epub ahead of print]
9. Amerio A, Aguglia A, Odone A, et al. Covid-19 pandemic impact on mental health of vulnerable populations. Acta Biomed 2020; 91(9-S): 95–96.

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