

TELEPSYCHIATRY: TALKING POINTS

60% of rural areas in the United States are designated as Mental Health Professional Shortage Areas (MHPSA) (Meyer et al., 2005), 20% of rural counties have no mental health services at all and only 18% of rural hospitals offer emergency psychiatric services (McCabe & Macnee, 2002).

General psychiatrists are unevenly distributed throughout the state of Illinois such that 50 out of 102 counties in the State of Illinois do not have any psychiatrist. The situation is even worse with regard to child psychiatrists. There is a shortage of child psychiatrists in the United States, including in the State of Illinois, and there are 84 counties in the State of Illinois without any child psychiatrist

This means that in farms and rural areas of Illinois, patients might have to drive between 50 to 100 miles to the nearest psychiatrist's office.

A quarter of rural and non metropolitan residents have no insurance (The Kaiser Commission on Medicaid and the Uninsured, 2003). This problem can be attributed, in part, to the domination of rural economy by small, low wage employers and self employed residents (National Rural Health Association [NRHA], 2004)

Even when these residents try obtaining private insurance they spend a greater proportion of their lower incomes paying high premiums and administrative fees, they have fewer choices and run the risk of being underinsured.

This reduces the capability of a rural community to support mental health services and pay high wage professionals and staff (Merwin, Hinton, Dembling & Stern, 2003). Hence rural residents have to travel to urban mental health centers. However, frequent travel in the face of adverse weather, time constraints, financial restrictions, and child care and employment considerations (Meyer et al., 2005) is not always possible or convenient

Overall, patients and clinicians report high satisfaction with and acceptance of the use of remote technology for treatment and assessment. Telepsychiatry patients appear to be satisfied with the service, equipment, and setting. Patients also prefer telepsychiatry to in-person appointments, because travel time, time off from work, and child care is not an issue with telepsychiatry. Also, some people from different cultures are more comfortable with the distance rather than having face-to-face interviews with psychiatrists. Specifically, high levels of satisfaction have been reported for patients in jail populations and in rural settings (47,48,49,50), child and adolescent patients and their families (51,52,53), geriatric patients (39), nonpsychotic patients (54,55), and patients with limited access to health care (56,57).

In addition to helping provide access to psychiatric care in rural and underserved areas, telepsychiatry has a number of other applications. Telepsychiatry can be used to help:

1. Deaf persons: there are few psychiatrists trained in sign language to treat deaf persons. Telepsychiatry would allow deaf patients throughout the state to consult with a psychiatrist trained in sign language.
2. Persons who do not speak English: Telepsychiatry would allow persons who do not speak English to be connected with psychiatrists who speak different languages. Studies have especially emphasized the benefits of telepsychiatry for black and other minority patients who may not have access to the culturally sensitive care they require.
3. Geriatric patients: Older patients, especially those in nursing homes, who have difficulty travelling would be able to be treated closer to their homes and this would make them more comfortable.
4. Schools: The Chicago Public School system has expressed interest in telepsychiatry to help students obtain needed psychiatric care in underserved areas.
5. People with physical and developmental disabilities could be better accommodated by having their appointments from a central location rather than being required to travel which can be very difficult for them.
6. Emergency Rooms: Telepsychiatry could also be used in emergency rooms that are not staffed with psychiatrists.
7. Children: Studies have shown that children are comfortable with telepsychiatry. Telepsychiatry has been especially well accepted by adolescents who may be uncomfortable being with the psychiatrist in person.