

## **Tele psychiatry Guidelines during COVID -19 pandemic**

### **Department of psychiatry, AIIMS, New Delhi**

#### **Telepsychiatry:**

Telepsychiatry is the process of delivering mental health care services from distance by mental health professionals using information and communication technologies. It can involve providing a range of services including psychiatric evaluations, therapy, patient education and medication management.

During this period of COVID-19 pandemic, providing in-person mental health care service is challenging. Patients with mental disorders have difficulty in reaching the hospital and also in procuring medications. Hence there is risk of relapse due to non-availability of medications. Also, there is an emergent need to address the vulnerable population at risk of developing mental disorder during the time of pandemic. Telepsychiatry is well suited for the current scenario, in which mental health professionals can evaluate and manage the patients without exposing the service providers and patients to infection.

#### **Target population:**

1. Initial target population: patients already enrolled with department of psychiatry with priority for patients already having scheduled appointments
2. Plan to be extended to all follow up patients already enrolled with department
3. New consultations (at a later stage)

#### **Service providers:**

Two senior residents and two junior residents under the supervision of one faculty.

#### **Tools for Telepsychiatry:**

Service providers may use mobiles phones with internet facility.

#### **Modes of communication:**

Video: WhatsApp

Audio: Phone

Text Based: General text messaging, WhatsApp, email

## **Telepsychiatry Model**

- Reaching out to the patients with scheduled appointments through text messages informing about the availability of urgent consultations for those in need
- Patients can opt in for consultation by sending text message to a centralized telepsychiatry number (9999625860), the consent is implied as per GOI telemedicine practice guidelines.
- Compilation of responses including name,UHID, date of appointment into a daily task list
- Service providers will deliver initial consultation through audio calling to identify the immediate issues with the patients.
  - No imminent issues → Reassurance and continuation of medication
  - Need for fresh prescription → Review the current treatment and issue digital prescription as per guidelines (through WhatsApp)
  - Need for assessment of current mental state → Video calling (through WhatsApp)
  - Need for urgent risk assessment → Advice to visit nearby psychiatric emergency
  - Need for urgent assessment of physical health → Advice to visit nearby medical emergency

## **Clinical documentation in telepsychiatry**

- Documentation of patient's identity (Name, UHID, Address)
- Time, date and site location from where the session is conducted
- Duration of session
  - Duration of audio call
  - Duration of face to face video call (through WhatsApp)
- Chief Complaint or Reason for Encounter
- Diagnoses
- Current treatment including medications and ongoing therapies
- Mental Status Examination
- Treatment Plan including

## **Telepsychiatry Prescription format**

Service provider can provide photo, scan, digital copy of a signed prescription or e-Prescription to the patient via email or any messaging platform as per GOI guidelines.

Not to be prescribed: Schedule X of Drug and Cosmetic Act and Rules or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances, Act, 1985

### **Consultation with the caregiver**

“*Caregiver*” could be a family member, or any person authorized by the patient to represent the patient.

Patient **is present** with the **Caregiver** during the consultation.

- Patient **is not present** with the **Caregiver**.
  - Patient is a minor (aged 16 or less) or the patient is incapacitated. The care giver is deemed to be authorized to consult on behalf of the patient.
  - **Caregiver** has a formal authorization or a verified document establishing his relationship with the patient and/or has been verified by the patient in a previous in-person consult.