

The benefits of implementing telepsychiatry in the Brazilian Mental Health System

Os benefícios da implantação da telepsiquiatria na Saúde Mental do Brasil

Dear Editor,

The authors describe the impact of telepsychiatric on the psychiatry and if this program could be implement in Brazil. Telepsychiatry is an innovative and cost-effective way to increase access to mental health care. This increased access is the most compelling reason to utilize telepsychiatry. It is not a substitute for the patient-practitioner relationship but rather an enrichment in services.¹

Like many other countries Canada has an acute shortage of child and adolescent psychiatrists. Furthermore, Canada is vast, yet sparsely populated, with the majority of child psychiatrists located in or around urban centres. Issues of access to care, and recruitment and retention of child psychiatrists pose particular challenges to patients, families, primary care physicians and mental health professionals in rural and remote communities. When physical presence is not possible, the use of live interactive videoconferencing technology (ITV) offers a viable vehicle for the delivery of a variety of models of service delivery to this patient population.

Telepsychiatry may involve working with clinicians, patients and systems of care that are both geographically and culturally distinct. In this context, culturally appropriate care is an important component of telepsychiatry. The outline for cultural formulation from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) provides general principles for addressing these issues. Two components of the outline are particularly relevant in telepsychiatry: 1) how the cultural background of patients (i.e. their cultural identity) influences their comfort with technology; and 2) the effect of cultural differences on the patient-provider relationship.¹⁻³

Telepsychiatry has also been used for many educational purposes, including continuing education and supervision (Hilty et al., 2004). The Toronto Telepsychiatry Program has primarily focused on providing exposure of telepsychiatry to trainees at the hub site and continuing education to professionals at the far sites. Through the Telepsychiatry Program, medical trainees in urban teaching centres are expanding their knowledge of and comfort level with rural mental health issues, the consultation model, and the potentials of videoconferencing in providing psychiatric services.

Further investigation of the use of telepsychiatry and how culture influences its effectiveness are needed. As mental health professionals, we need to utilize all appropriate resources to improve access to care to the growing Hispanic populations. Improvements will have implications for others in the multicultural clinical environment.³ In our community-based outpatient clinic we recently deployed videophones to enhance medical psychiatric access to persons with serious mental illness. The previous solid clinical relationship allowed the videophone technology, despite its limitations, to be used when the patient's co morbid health problems prevented his travel to the facility.^{1,3}

The use of telepsychiatry to treat underserved minority groups and rural residents has been suggested, but there are obstacles to effective implementation. One obstacle is the lack of comfort with the technology, especially among elderly persons. Another is limitation of cultural acceptance of this treatment modality, especially in cultures that emphasize personal relationships.³

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* Modest

** Significant

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Note: USP = Universidade de São Paulo.

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