

How to deal with the mental health consequences of global health emergencies? A nutshell of telemental health services and its requirements



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Abstract

The coronavirus disease (COVID-19) pandemic is a global health crisis of our time. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently. In addition, the COVID-19 pandemic has disrupted or halted critical mental health services in many countries worldwide. One way to overcome this situation is to use Telemental health services and people can take advantage of these services to meet their mental health needs. However, there are some barriers to provide Telemental health services, which should be considered by policymakers before the crisis.

Keywords: COVID-19, Mental health, Telemental health services, Pandemic

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Introduction

Mental health is an increasing public health concern, which is paramount of importance to many international organizations in the global health arena and health systems of different countries (1). One of the situations that mental health should be considered is in global health emergencies. Because emergencies disrupt society's usual structures and affect social order, they cause mental health problems in the communities. One of the emergencies in recent decades is the occurrence of emerging infectious diseases such as Ebola, Zika, SARS, and H1N1 (2).

Recently, the new coronavirus has severely affected the mental health of populations and is a priority that needs to be addressed urgently. The coronavirus disease (COVID-19) pandemic has had a detrimental effect on public mental health, particularly among people who are already suffering from the deterioration of mental diseases. People may experience mental health problems due to an economic downturn, unemployment, daily access to rumors and misinformation on social media, fear of

infection, death and loss of family members, quarantine, social distancing, and self-isolation (3). Common mental health problems during COVID-19 include loneliness, depression, anxiety, domestic violence and suicide, and interpersonal violence (4).

In this situation, instead of traditional care, alternative ways of delivering mental health care are needed to bridge the significant gap in health. One of the innovative ways is Telemental health, which has a considerable potentiality to mitigate the side effects of mental problems during a global health emergency. Telemental health refers to the use of information and communications technologies, including videoconferencing, computer programs, mobile applications, and phone calls to deliver mental health care services remotely. These services include evaluations, medication management, and psychotherapy (5). Telemental health has been widely applied across a wide variety of mental health problems for various communities in different health care settings (6).

Early studies have shown how isolated individuals



regularly search for online mental health services to address their mental health needs, demonstrating both community interest and Telemental health acceptance. During the COVID-19 outbreak, some countries have tried to provide Telemental health services. For example, in 31 provinces in China, Telemental health services are provided 24 hours a day, seven days a week, including psychological counseling, supervision, training, and psychoeducation through online platforms (7). Another example of providing Telemental health services is in Iran. A psychiatrist interviews COVID-19 patients through online video chat to assess a patient's mental health (8).

Telemental health services can improve access, enhance quality, and provide efficient care. Still, there are some requirements to implement and adopt Telemental health services that are different depending on each country's capacity and can create challenges for policymakers that require attention.

Now, these questions are of highly importance: What are primary requirements for wide access to Telemental health services? What are concerns and challenges for providing Telemental health services? How can countries overcome challenges and answer concerns? To answer, first, we provide the various reasons for these challenges in theory and practice, and then we suggest appropriate solutions in solving these challenges.

Context-sensitive and equity-oriented technologies

Although some countries have infrastructures that might allow the introduction of Telemental health services, others may not have the required equipment and resources. There are regional disparities in terms of access to existing technology capacities and infrastructures in each country from one region to another that need to be addressed in the development and implementation of Telemental health services.

One solution for equal access to Telemental health services is to develop a context-sensitive approach to better understand the challenging environment in which Telemental health providers would design and implement Telemental health services based on local capacity. Using this approach makes Telemental health services equitably accessible. For example, populations of low socioeconomic status, and rural people with limited access to the Internet, Telemental health services can be provided through a real-time telephone consultation between mental health specialists and patients using simple devices such as a telephone. On the other hand, more sophisticated services are available in urban locations, including e-mail, videoconferencing, online communications, and virtual reality utilizing both computer desktops and mobile devices such as tablets and smartphones for patient-provider interactions (9).

Protected patient Privacy

Protecting patient privacy when using Telemental health

intervention is another concern among clinicians and patients. Clinicians need particular training in the use of approved technologies, privacy requirements, and potential liability issues related to technology use (10). There is a need for independent ethics committees to develop clinical standards and protocols for network and software security, accessibility, and authentication. Measurements have to be taken to safeguard data against intentional and unintentional corruption during transmission and storage of data, to ensure the protection of personal information due to mental health stigma.

Payment mechanism and reimbursement

Medical tariffs for Telemental services need to be examined and updated by third-payer organizations such as private health insurance coverage. Mental health care providers should, therefore, be reimbursed through health insurance, resulting in the expansion of Telemental services and coverage for all populations. It is necessary to create pre-crisis medical tariffs that healthcare providers can incorporate mental health problems using Telemental health services during crises such as COVID-19, where face-to-face mental health resources are limited. Consistent reimbursement due to the expanding access to mental health services across the country helps support continuity of care, mainly because of the repercussions of public health crises such as COVID-19 that require long-term care support.

Adoption of eligible practitioners

Clinicians or healthcare organizations are not satisfied with the current Telemental services. Also, some of them are not familiar with these services and need to be trained. Hence, the required educational programs that provide some expertise or knowledge in Telemental health services are essential. In addition, an effective technique and a compulsory prerequisite to improve clinicians' use of this technology are significantly crucial (11). On the other hand, resolving health issues and satisfaction are different ways to promote more use of Telemental by clinicians (9). Some factors which have an effect on the satisfaction of clinicians include a sense of efficacy (clinical and technical competency), and having a plan to handle clinical emergencies at a distance. These factors highlight the increasing participation of the clinicians in Telemental health services.

Conclusion

Definite planning and adopting tailored policies are needed to institutionalize Telemental health with features of being simple, flexible, context-sensitive, comprehensive to be covered universally, and meeting needs during and after emergencies, notably covid-19 pandemic.

Authors' contributions

All authors had substantial contribution to the research

and written of the manuscript. NJ, VYF and SS wrote the first version of the manuscript. NJ, VYF, SS and RES contributed to writing the final version of the manuscript and approved it.

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