

# Telepsychiatry in the Post-COVID-19 Era: Moving Backwards or Forwards?

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Dear Editor,

In their interesting paper, Wright and Caudill [1] highlight the importance of telemedicine in the context of the COVID-19 pandemic. Although there were many barriers to telemedicine [2], the unexpected worldwide COVID-19 pandemic required a rapid and tremendous pragmatic turn to telepsychiatry in order to respond to treatment needs during the pandemic [3, 4]. Currently, it is unclear whether this innovation will move backwards or forwards in the post-COVID-19 era and durably change the way to provide psychiatric care [5].

In an anonymous survey, we assessed to which extent patients ( $n = 1,732$ ) and psychiatrists ( $n = 27$ ) of the area of the Mood Center Paris Saclay plan to continue with telepsychiatry in the post-COVID era. The Mood Center Paris Saclay consultation unit provides general psychiatric care with both biological and psychotherapeutic treatments for an area comprising a part of the south of Paris

downtown and its close suburbs. In this area, 14.3% of the inhabitants live below the poverty line, the unemployment rate is 12, and 84.8% of the active individuals work in the tertiary sector (services). The mean age of patients is 46 years, 57.1% are women, and their main primary diagnoses are major depressive disorders, bipolar disorders, anxiety disorders, and substance use disorders (mainly alcohol or tobacco). Whereas few teleconsultations were performed before the COVID-19 pandemic in this Mood Center, all face-to-face consultations were switched to teleconsultations on the first day of confinement in France. At the beginning of de-confinement 2 months later, the expected continuation of telepsychiatry in the post-COVID era was assessed. All psychiatrists responded to a questionnaire that gathered information about their own preferences and individual data about their patients. Since psychiatrists obtained data from their patients during the tele-consultations, the percentage of response was high: 95% of the patients responded to the survey.

Romain Colle and Abd El Kader Ait Tayeb share first authorship.

In the post-COVID era, 69% of the patients wish to continue with telepsychiatry (alternately with face-to-face consultation or exclusively). Of note, patient wishes to continue with telepsychiatry did not differ according to their demographics (age, gender, or time needed to come to the consultation) and primary diagnoses.

The results of the survey show that 100% of the psychiatrists plan to continue with telepsychiatry for 31% (CI95% [22.0–39.8]) of their consultations. There is no association between both their years of practice and the perceived risk of COVID-19 and their preference for face-to-face or distance-based services.

Psychiatrists indicate their preference for face-to-face consultation under each following circumstance: for first-time consultations (81.8% of the psychiatrists), in case of limited access to a private room (77.2% of the psychiatrists), potential severity with a high risk of hospitalization (50% of the psychiatrists), and hearing loss (22.7% of the psychiatrists).

After the pandemic, two-thirds of the patients wish to continue durably with telepsychiatry. Moreover, all psychiatrists plan to continue with telepsychiatry for one-third of their consultations. Our results show that patients may prefer telemedicine more than their doctors. However, patients were not surveyed on reasons for wanting telemedicine. However, it could be suggested that telemedicine is more convenient for patients than for doctors, regarding travel time and cost savings. This point should be further studied. Furthermore, it could be suggested that doctors may be resistant to a paradigm shift and may see concerns that patients do not see, especially

for severe patients who could require inpatient treatment in the short term. Our results go beyond those of a report published 15 years ago [6], which failed to show any difference in accuracy and satisfaction between psychiatric face-to-face and teleconsultation.

Further studies should focus on the indications and contra-indications of telepsychiatry, adequate longitudinal integration between face-to-face and teleconsultation, and the efficiency and safety of the migration of care away from institutions with telepsychiatry. Finally, our results suggest that COVID-19 may trigger a future widespread use of telepsychiatry.

### Conflict of Interest Statement

The authors declare that they have no conflicts of interest to disclose.

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### Author Contributions

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