

Virtual psychiatric care for older adults in the age of COVID-19: Challenges and opportunities

Emerging evidence has identified that older adults are at an increased risk of significant morbidity and mortality associated with contracting COVID-19.¹ The need for social distancing and quarantine has greatly impacted healthcare delivery, leading to a greater emphasis on virtual care. Fortunately, this demand has been embraced by health regulators through policy amendments, which continue to evolve. Beyond the physical impact of this virus, a substantial increase in psychiatric morbidity is expected both in those who have contracted the virus and those who have not.² Although providing mental health supports to older adults is a growing priority, there are a number of unique barriers to providing virtual care to this population. Here, we review some the barriers and potential strategies toward providing mental healthcare to older adults in the context of the COVID-19 pandemic.

Just as older adults are more susceptible to the severe physical manifestations of COVID-19 illness, there are factors that may increase their vulnerability to the psychiatric effects of the current pandemic.^{1,2} This increase in psychiatric morbidity is likely due to a combination of biopsychosocial factors, including worsening physical health secondary to the infection, disruption in access to healthcare, social isolation with diminished supports as a result of quarantine measures, and the psychological stress of the infection itself. Restricted access to healthcare is likely to correlate with a deterioration of physical health and further exacerbate the cognitive and mental health of this population. Similarly, disruptions in access to psychiatric care and in-person treatments like electroconvulsive therapy will place older adults with the greatest vulnerability at a high risk of relapse. Furthermore, social distancing measures imposed on older adults have compounded the existing isolation experienced by those living alone or residential care, which is a risk factor for the development of late-life psychiatric illness.³ As public health measures persist in an effort to contain the spread of COVID-19, the health effects of quarantine are likely to compound.³

Even before COVID-19, face-to-face psychiatric care has been increasingly transitioning to the digital front.⁴ Virtual psychotherapy (e-therapies) has been shown to be as effective as in-person treatments in some cases, particularly for cognitive behavioral therapy.⁵ More recently, there has been an increase in the use of virtual care for older adults with some encouraging results. Salisbury et al demonstrated that an integrated telehealth service for older adults with depression was significantly better than treatment as usual.⁶ Similarly, a review of studies exploring telemedicine-based dementia assessments yielded encouraging results, suggesting virtual assessments were as reliable as face-to-face assessments, and acceptable for patients.⁷

Key points

- COVID-19 has had a significant impact on older-adult physical and mental health.
- Virtual psychiatric care has become an essential service in addressing older-adult mental health struggles.
- Emerging technology offers a number of potential strategies to overcome existing barriers to provide virtual psychiatric care to older adults.

Although emerging research is encouraging, there are a number of important barriers to widespread adoption of virtual psychiatric care in older adults. These include motivation to use technology, frustration with technical difficulties, and cognitive, physical, visual, and auditory impairments that may impact on the use of technology.⁸ Awareness of these barriers is essential for digital health providers and designers in both optimizing standard digital assessment platforms as well as by decreasing the need for digital assessment by strengthening caregiver support and integrating alternative assessment and monitoring tools. More specifically, integrating tailored feedback for in-home caregivers based on video recordings has been shown to improve depressive symptoms and competence among caregivers, helping to potentially decrease the burden on the healthcare system.⁹ Another critical barrier in the psychiatric care of individuals with neurocognitive disorders is the technical challenge of administering valid cognitive screening tools in a virtual setting. Here too, technological advances may be of assistance: the development of automatic speech analysis for the diagnosis and monitoring of dementia, for instance, may help to offset the burden on in-person assessment and concurrently improve accuracy of detection.¹⁰

The impact of the current pandemic is most acutely felt by older adults, especially those who are no longer living independently. Unfortunately, the morbidity and mortality among older adults who contract COVID-19 has only exacerbated the isolation and psychiatric morbidity of this population. Now more than ever, digital tools are essential as a means to help address the growing burden of psychiatric illness in older adults. Although there are unique barriers to virtual mental healthcare in older adults, emerging research has demonstrated these challenges to be




surmountable and recent advancements in technology are further encouraging.

KEYWORDS

COVID-19, e-therapies, virtual psychiatric care

CONFLICT OF INTEREST

Dr Danilewitz reports advisory board work for Eisai Limited. Dr Chan reports advisory board work for Janssen-Ortho and is a co-owner of Brainstim TMS Healthcare.

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