

Digital Medicine in Psychiatry and Mental Health

Medicina Digital em Psiquiatria e Saúde Mental

Keywords: Digital Technology; Mental Health; Remote Consultation; Telemedicine

Palavras-chave: Consulta Remota; Saúde Mental; Tecnologia Digital; Telemedicina

Dear Editor,

The recent study by O'Neill *et al* explores doctors' attitudes towards telemedicine within the Portuguese public national health service.¹ It was interesting to note that telemedicine is mostly deployed through the telephone to perform remote medical appointments with a minority using video calls.¹

The use of technology in healthcare has been around for centuries.² Remote consultation is only a component of telemedicine that was not living up to its full potential. Telemedicine itself is only a small part of the wider conceptual field of digital medicine. One consensual definition of telehealth is a technology-enabled healthcare management and delivery systems provided using different means and allowing consultation, assessment, monitoring, ongoing treatment, and psychoeducation, among other possibilities.² Despite not being something new, telemedicine in many medical specialties was underdeveloped until the COVID-19 pandemic propelled its widespread use across the globe.³

Digital Psychiatry (DP) is more than a simple transposition of face-to-face services (outpatient medical appointments, nursing interventions, or psychoeducation sessions) to digital platforms. Several domains need to be considered in telepsychiatry services⁴: 1) system context; 2) organizational logistics and protocols; 3) technology and infrastructure; 4) human resources; 5) patient; 6) reasons for consulting; 7) therapeutic relationship and 8) caregivers' home and digital inclusion. Telepsychiatry has proved to be an efficient and safe method for patients with mood and anxiety disorders, for psychotherapy and disaster responses.⁴ DP for severe mental illness (SMI) is a relevant issue.² Barriers might

include organizational, technological, and human factors (e.g., worsening of delusions involving technology, struggling to build rapport).³ The mental status examination in the age of DP is not without its limitations. However, any shortcomings should be seen in the light of the glass is half-full metaphor, as an opportunity for transformation and exploring virtues of new methods. Digital mental status examination allows exploration of classical psychopathological findings but adds complexity with a novel presentation of typical symptoms and new symptoms manifesting through specific digital interactions.⁵ Digital psychopathology is a complex field that deserves further study. *A priori* assumptions about SMI (e.g., schizophrenia) might deem it unfit to be included in the selected groups using telepsychiatry. However, systematic reviews have consistently demonstrated that DP for selected patients is feasible, acceptable, and effective as compared to in-person care.²

Despite the long history of applying technology in healthcare, there is a pressing need to develop adequate pathways, procedures, and clinical protocols for different patient populations. Digital literacy of patients and healthcare workers alike is key for future advances and opening new avenues in this field.

AUTHORS CONTRIBUTION

TT: Conception and draft of the manuscript.

JG: Conception and critical review of the manuscript.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

COMPETING INTERESTS

TT: Received equipment, materials, drugs, medical writing, gifts or other services from Janssen-Cilag Portugal, Angelini Pharma, JABA Recordati, Lundbeck Portugal and Generis

JG: Declared that no competing interests exist.

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Recebido/Received: 04/04/2022 - Aceite/Accepted: 27/04/2022 - Publicado/Published: 01/06/2022

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<https://doi.org/10.20344/amp.18329>

