

The doctor is online: An introduction to text-based telepsychiatry

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Abstract

Text-based e-counselling has the potential to expand and improve the delivery of telepsychiatric services. Despite the loss of visual connection in patient-physician interactions, text-based communication offers many unique advantages. Patients often feel more comfortable with self-disclosure when communicating online and through text. Online mediums are also more accessible for patients who may face geographic, financial, or social barriers to receiving traditional in-office psychiatric care. While text-based telepsychiatry is highly cost-effective, concerns regarding privacy, security, and emergency use must be taken into consideration for future implementation.

Introduction

With digital communication quickly becoming the social norm, mental health professionals have begun to explore its potential for patient counselling. The practice of telepsychiatry uses telecommunications technology to address the growing demand for more accessible and efficient alternatives to in-office visits.¹ The goal of telepsychiatry is to enhance existing capacities, rather than to replace traditional delivery of services.² Telepsychiatry programs are currently available in all Canadian provinces, with the majority of models using videoconferencing to connect with patients online (e.g., SickKids TeleLink Mental Health Program, CAMH Northern Psychiatric Outreach Program).³⁻⁵ As the field of telepsychiatry continues to grow, additional modalities for communication should be considered. Notably, text-based e-counselling remains unexplored despite widespread use in non-medical online therapy;⁶ its role in the psychiatric setting has yet to be established.

Therapeutic communication

Unlike conventional therapy, text-based e-counselling relies on written communication between the patient and psychiatrist. Interactions can be synchronous, with little time gap between responses (e.g., real-time chat rooms), or asynchronous, where a time delay is expected (e.g., e-mail, web forms).⁷ Synchronous counselling allows for greater spontaneity, prompted disclosures, and reduced recall bias in patient responses.^{8,9} Alternatively, asynchronous counselling removes the pressure to reply instantly, giving patients time to edit their responses and therefore a greater sense of control.^{10,11} By allowing patients to choose when and how often to share their experiences, text-based modalities may yield important information otherwise missed during scheduled appointments. This could prove particularly useful in capturing transient mental states, such as fluctuations in mood or cognition. Furthermore, having a written transcript enables both parties to revisit and remind themselves of ideas expressed in previous sessions.¹²

Some clinicians are concerned that the absence of face-to-face interaction and non-verbal cues could undermine communication during therapy.^{13,14} However, these losses are partly offset by the online disinhibition effect, a well-studied phenomenon wherein people self-disclose to a greater extent online than in-person.^{13,15,16} Ambiguity of written tone can also be improved by paying attention to elements of the text that convey emotion, including emoticons, emotional bracketing, purposeful use of punctuation, and verbosity.^{10,14} The lack

of visual connection may even facilitate disclosure, as patients often find it easier to discuss intimate, stigmatizing, or embarrassing subjects through writing.^{8,9,16,17} Multiple systematic reviews have found text-based e-counselling to be equivalent or better than face-to-face sessions in terms of quality of the therapeutic alliance, with consistently high patient satisfaction.¹⁸⁻²⁰ The reviewed evidence also suggests that text-based interventions have similar effectiveness to face-to-face therapy in improving treatment outcomes.^{19,20} However, several components of the psychiatric examination cannot be conducted through text, particularly those that require physical observation (e.g., appearance, behaviour, speech, affect). Therefore, the role of text-based e-counselling would be most appropriate only as an adjunct to face-to-face assessment when considering diagnosis or treatment.

Accessibility

Telepsychiatry presents an accessible alternative for patients who otherwise face barriers to receiving traditional in-office psychiatric care. By eliminating the need for travel, online services can more easily reach individuals with mobility limitations, rural residents, incarcerated individuals, and those who cannot afford transportation.^{8,12,21} Web resources that are available at any time of day, such as e-mail, offer the additional convenience of being accessible outside of regular work or school hours, as well as for immediate use during times of distress.^{8,12} The accessibility of telepsychiatric services, however, is ultimately determined by the provider, who selects the hours and mediums through which they can be contacted.

Differences in social functioning can make the traditional psychiatric setting feel inaccessible to some users. Patients with social anxiety, shyness, or embarrassment about their mental health concerns may avoid services that demand face-to-face disclosure or interaction.^{8,12} Some individuals with autism prefer communicating online through text, as it removes the expectation for certain social cues and allows more time for articulating thoughts.²² It can also be conducted in an environment without sensory overstimulation, particularly from eye contact and noisy chatter.²² Text-based telepsychiatry may offer a more comfortable medium for these patients to seek and receive care.

Privacy concerns may persuade some individuals to seek online forms of counselling, while causing others to avoid it. Reasons for choosing e-counselling over in-office treatment include wanting to reduce the risk of being seen in a psychiatrist's office, or being discovered by a family member.⁸ Adolescents may be particularly concerned with having to disclose mental health concerns to their family if they are unable to independently access psychiatric services.¹¹ When compared with videoconferencing or telephone, which require the user to speak aloud, typed text provides a more discreet interaction in shared spaces.^{11,17} However, some patients still feel unsafe conducting

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any online sessions in the vicinity of curious family members, while others perceive an inherent lack of privacy in disclosing sensitive material over the Internet.⁸ For example, users might worry about the existence of transcripts that could be seen by a spouse or employer.⁸ Depending on the individual's personal ideas and concerns regarding privacy, text-based e-counselling may appear more or less accessible than traditional face-to-face counselling.

Cost savings

Although implementing telepsychiatry requires initial investments in software, hardware, and infrastructure, savings in transportation greatly reduce overall system costs.²³ This is especially true when providing for rural and geographically isolated communities. A randomized controlled trial conducted in Thunder Bay, Ontario found that telepsychiatry eliminated the travel and accommodation expenses required for face-to-face consultations.²⁴ Even accounting for the costs of videoconferencing equipment and bandwidth usage, the average telepsychiatric consultation cost 16% less compared to face-to-face delivery, with savings of \$50 per visit.²⁴ Simpler, low bandwidth text-based technologies would likely incur even fewer technical expenses. Correctional facilities are another setting in which the use of telepsychiatry has generated savings ranging from \$12,000 to over \$1 million per institution, owing largely to reduced transportation costs for physicians and inmates.²³ Besides eliminating the need for travel, telepsychiatry has demonstrated cost savings through more efficient use of physician time, decreased overutilization of other medical services, increased medication adherence, and faster diagnosis via reduced waiting or consultation time.^{9,23}

Other considerations

There are several additional considerations for implementation. Security and confidentiality may become an issue, as e-counselling records must be encrypted to protect against information theft.²⁵ It is also difficult to verify the user's identity through a text-based interface; patients could intentionally misrepresent themselves online or be impersonated by anyone with their login credentials. Other technologies sharing similar vulnerabilities, such as electronic medical records and patient portals, have led to the development of secure networks and user verification systems to address these concerns.²⁶ Furthermore, secure e-mail platforms for telepsychiatry already exist and have demonstrated good uptake across several institutions for their familiarity and ease of use, incurring little to no training costs.²⁷

Long distance communication introduces greater unknowns about the patient's immediate status, which may complicate the management of emergency situations. This underscores the importance of discussing mutual expectations before initiation. For example, clinicians may not know whether sudden disconnections during synchronous chat are due to technological failure or a developing patient crisis.²⁸ On the patient's end, such a disconnection could be perceived as abandonment if not discussed ahead of time.²⁹ Clinicians should also verify the patient's location to facilitate access to emergency services if required.²⁵ This is especially difficult in asynchronous conversation, as the patient may have changed locations or engaged in harmful behaviour by the time the clinician views new messages. Thus, physicians should be cognizant of the limitations of text-based interventions for patients at higher risk of self-harm.²¹ While emergency management guidelines have been established for videoconferencing telepsychiatry, none specifically exist for text-based modalities;³⁰ however, since both models are affected by distance, recommended use will likely follow similar principles.

Perhaps the most important consideration in the adoption of telepsychiatry is clinician uptake. The American Psychiatric Association recently updated its policy to approve telepsychiatry as a validated and effective delivery system.³¹ While the Canadian Psychiatric Association has yet to follow suit with an official statement, a recent survey of

Canadian mental health professionals demonstrated an overall positive attitude toward the use of telepsychiatry services.³² These trends are conducive to the widespread uptake of telepsychiatry technology; however, acceptability regarding text-based modalities, in comparison to the standard prototype of videoconferencing, has yet to be specifically delineated.

Conclusion

Text-based modalities show promise in expanding the delivery of telepsychiatric services, offering an effective, accessible, and cost-effective approach to therapy. More research is needed to establish the role of text-based telepsychiatry beyond the scope of counselling and determine whether it can facilitate diagnosis as well as prescription. At present, text-based therapy should be used to supplement rather than replace face-to-face examination, which can help to increase uptake of mental health services among individuals who may otherwise have limited access. Within the larger paradigm shift towards modernized, technologically innovative care, text-based telepsychiatry represents an avenue of untapped potential.

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