

# Telepsychiatry in India: Personal Observations

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## ABSTRACT

Telepsychiatry in India has been widely used by many psychiatrists to provide much-needed help to patients during the COVID pandemic. Neither the patients nor the clinicians were prepared for the process. This author practiced during this period and used some innovative methods. The observations are made for three periods. Normal consultations during corona pandemic, when only teleconsultations were allowed, and during a period when both types of consultations were available. During the pandemic, when normal consultations were provided very few (164) patients came for consultation. When only teleconsultation was provided, 335 patients were consulted in nearly a similar duration. This clearly shows that as soon as a safe method of consultation was available the numbers jumped to double indicating that many patients could not consult as a safe consultation method was not available. When both types of consultations were available the number doubled to 748 indicating that many patients were not comfortable with teleconsultation. Most patients did not follow all directions asked for teleconsultations but submitted important information. Very few new patients opted for teleconsultations. Telepsychiatry is an exciting prospect for the future, it will open new avenues of consultation and prevention. We must make it more efficient and patient-friendly, and a continuous effort should be made to refine the process.

**Keywords:** India, Observations, Present and future, Teleconsultation.

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The recent corona pandemic affected life including medical practice. Medical consultations were available with difficulty due to complete lockdown in the country. Even after the lockdown eased different restrictions and fears continued affecting medical practice. This situation led to the emergence of telemedicine in India on a large scale. The government published telemedicine guidelines<sup>1</sup> on March 20, 2021. These guidelines have been prepared with great care so that the facility may not be misused. There is an extensive review article<sup>2</sup> on telepsychiatry which provides details of the processes and predicts the future. This report refers to telemedicine in an institutional setting but does not emphasize telepsychiatric practice by an individual psychiatrist. Few psychiatrists have been practicing telepsychiatry even earlier. However, the current situation has led to the large-scale use of telemedicine on people who have not voluntarily accepted it. This communication is to briefly report the authors' experiences in telepsychiatry in private practice in northern India during this period.

## MATERIALS AND METHODS

This author is practicing psychiatry at the same location<sup>3</sup> for the last 50 years. The clinic was closed during the lockdown, and it reopened on April 1, 2021, when the corona pandemic abated. Face-to-face consultation had to be stopped again from May 12, 2021, as the number of corona cases increased rapidly. The patients were given the choice of teleconsultation till the resumption of normal consultations. Normal consultations resumed from July 1, 2021, as the cases of corona reduced. But the choice of teleconsultation was available. The observations are divided into three periods.

Normal consultations during corona from April 1, 2021, to May 11, 2021

Teleconsultation from May 12, 2021, to June 30, 2021, when the pandemic worsened

Normal consultations and teleconsultations July 1, 2021, to August 31, 2021

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This author prepared the following guidelines for his patients for teleconsultation which were provided to every patient/relative.

"In view of the prevailing conditions person to person consultation has risks for all. Professor Agarwal has decided to start teleconsultations during weekdays from 9.30 am to 1 pm. Every consultation will require prior appointment. The consultation can be, by telephone, video call or email. The patient should send the following information by email or WhatsApp. Identity proof, address, mobile number, Email, and consent for consultation.

For new consultation please send the following information. Age, sex, education, occupation, marital status, no of children. Detailed history of the illness and its treatment. Family history of similar illnesses, any other concurrent illness like diabetes, hypertension, and their treatment. It will be helpful if you can get physical examination done by a local physician, he can also help in emergencies in future. Send the reports of recent investigations. Any allergies. Old patients need to send their prescription and any investigations done recently. You need to deposit prescribed fee by electronic means for one consultation. The fee is valid for seven days. You will be provided counselling by the doctor and a prescription will be sent by WhatsApp. If the patient has any difficulties, he can send his queries by WhatsApp. These queries will be replied by the doctor. No telephonic consultation."

**Table 1:** Number of patients seen during the period

<i>Normal consultations</i>			<i>Teleconsultations</i>			<i>Normal and teleconsultations</i>			
<i>April 1, 2021 to May 11, 2021</i>			<i>May 12, 2021 to June 30, 2021</i>			<i>July 1, 2021 to August 11, 2021</i>			
Total	New	Old	Total	New	Old	Total	New	Old	Teleconsultation
164	71	93	335	63	272	748	369	303	76
%	43%	57%		18%	82%		49%	41%	10%

Process of consultation-when a telephonic request was received, they were informed that only teleconsultations are being provided. Those patients who wanted to have teleconsultations were provided the guidelines described earlier. Any queries were replied to by an assistant who was appointed for this purpose. Once they deposited the consultation fee, they were given an appointment. All records are computerized. If an old case wanted consultation his old case record was perused to learn about details of history and treatment. All patients and relatives were interviewed on WhatsApp and were provided treatment. The prescription was sent by WhatsApp to the patients.

## OBSERVATIONS

Table 1—the attendance of patients during the COVID pandemic has reduced. The average attendance of this clinic is around 600 patients<sup>4</sup> per month. The attendance in the first period when COVID incidence has dipped is only 164 for 40 days one-sixth of expected. During the second period when COVID cases were rising rapidly the attendance increased to 335 for 48 days, when only teleconsultations were given. This clearly shows that a substantial number of patients were suffering during the COVID epidemic as there were no safe methods of consultation and as soon a safe method was available, they accepted teleconsultation. The attendance nearly doubled to 748 when both in-person and teleconsultation were allowed. This doubling of attendance confirms that the patients needed consultations but were avoided due to multiple reasons. New patients were around 45% of total attendance in the first and third period but the number of new patients in the teleconsultation period was only 18% showing that new patients had reluctance for teleconsultation. After the in-person consultations resumed a small number continued preferring teleconsultation showing that teleconsultation is likely to stay.

All patients who paid for consultation took the consultation on time except a few who requested for postponement for a brief period. All consultations were video consultations except two when the video connection was poor. Ninety percent of the teleconsultation patients had come for repeat consultation either personally or by teleconsultation. These patients were requested to share their experience of teleconsultation. The majority were satisfied. The main complaints were poor video quality, difficulty in understanding the oral communications, and less time. The advantages were saving of time and money. The major advantages from the consultant's point of view were, one could see patients and

family in a natural setting, multiple family members could interact, and the family interactions could also be observed by the clinician. The biggest drawback is that no one can air his private views as the whole family is usually listening to the conversation.

Hardly any patient sent the details as needed in the guidelines. Everyone sent prescriptions, investigations, and treatment responses. Identification was based on telephone number and consent was presumed by the payment of a required fee.

## DISCUSSION

Teleconsultation, which was rarely used earlier, was frequently used during the COVID pandemic. The government encouraged it and to guard against misuse the guidelines were issued. Continued experience with the method will lead to further refinement. The restriction for medicine prescriptions detailed in the guidelines should be lifted and the clinicians should prescribe responsibly as they do in daily practice. The communication systems should improve so that the communication is clear and proper. We may also consider training health workers in rural areas so that they can become intermediaries for teleconsultation. Teleconsultations have become especially useful for follow-up of patients who have moved long distances. This has also improved clinicians' reach as new patients may consult from long distances. The patients only like to supply relevant core details like prescriptions and investigations therefore our guidelines should be simple which can be easily followed by the patients. Teleconsultation can also be important for emergencies in a faraway location where no psychiatrist is available. We must share our experiences so that telepsychiatry could improve.

Clinical relevance-teleconsultation is the future of psychiatry in India. We must make the process patient-friendly and easy to practice so that the process can be widely applied.

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