

# Telepsychiatry and In-Person Care for Pediatric Patients During COVID-19: Patients' Perspectives

Sultana Jahan, MD, Rasha El Kady, MD, Ellen O'Neill, BS, Larissa Bell, BS Candidate

The COVID-19 pandemic has changed how child and adolescent psychiatrist's practice. Nationwide restrictions and public health recommendations have reshaped the patient care setting to avoid spread of the virus. A major shift came in the form of telehealth, which allowed patients to attend clinic appointments online. Some of our clinic's child and adolescent psychiatrists began practicing telehealth in March 2020 and continued completely virtually for one year. Other providers in our practice continued with in-person visits.

## Objective

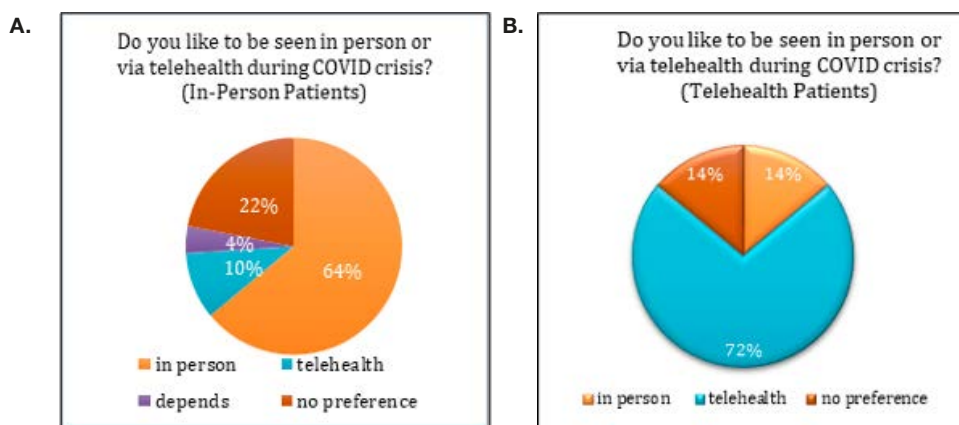
The objectives of this study were to identify advantages and disadvantages of the telehealth delivery system and to devise future strategies for improving patient and caregiver satisfaction. The study hypothesis was that more people would prefer telehealth visits compared to in-person visits. Because telehealth visits allowed psychiatric care to continue when all nonessential operations were shut down. All patients surveyed had some experience with the telehealth format during this phase of the pandemic. Patient feedback, as reviewed in this

study, may be used to improve telehealth services, and determine how telehealth will be incorporated into the landscape of post-COVID-19 clinical services.

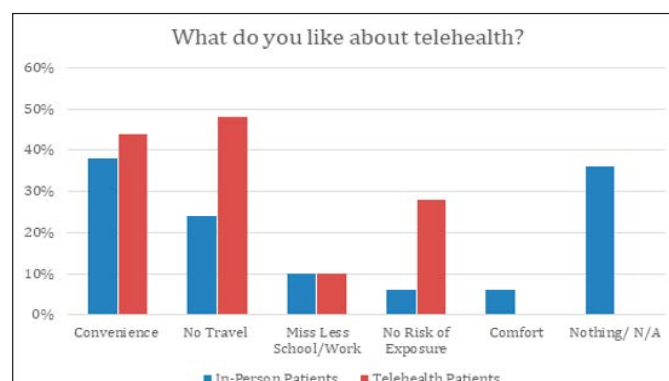
## Method

A proposal was approved by the University of Missouri-Columbia Internal Review Board to conduct this study. One hundred patients were randomly selected to be given study questionnaires. This study conducted comparative survey research with 50 patients seen primarily virtually and 50 patients primarily seen in-person. The patient pool was drawn from Columbia, Missouri as well as smaller surrounding communities. Identical survey questions were filled out by all patients and their respective guardians. The survey's first question asked which setting was preferred during the COVID-19 crisis and was followed by free response questions prompting responses about what each liked and disliked about telehealth and in-person visits. This free response format allowed multiple answer responses and enabled participants to fill out all 5 survey questions or leave some blank.

**Figure 1. Patient Preference in Telehealth vs In-Person Visits**



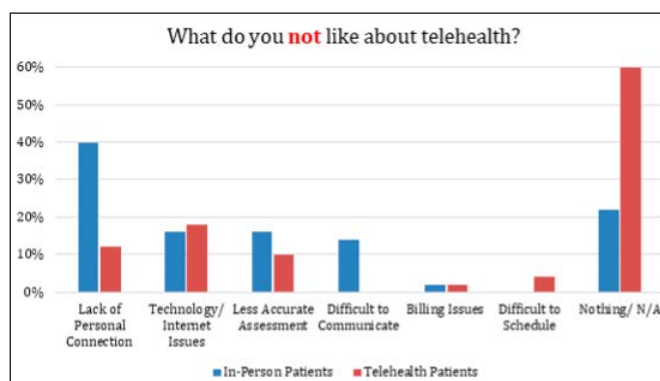
**Figure 2. Patient-Reported Advantages of Telehealth**



## Results

Of the 50 patients seen virtually, 72% indicated a preference for telehealth, 14% preferred in-person, and 14% had no preference (Figure 1). These patients who preferred telehealth reported it was convenient, required no travel, and required fewer absences from school or work (Figure 2). Twenty-eight percent of patients listed safety from exposure to COVID-19 as a reason they liked telehealth. Some patients also expressed they were more comfortable with telehealth than in-person appointments because they could be in their own home or another familiar environment during their appointment. While over half of the virtual visit patients reported no complaints with telehealth, the most common reported issue was internet connectivity and technology problems (Figure 3).

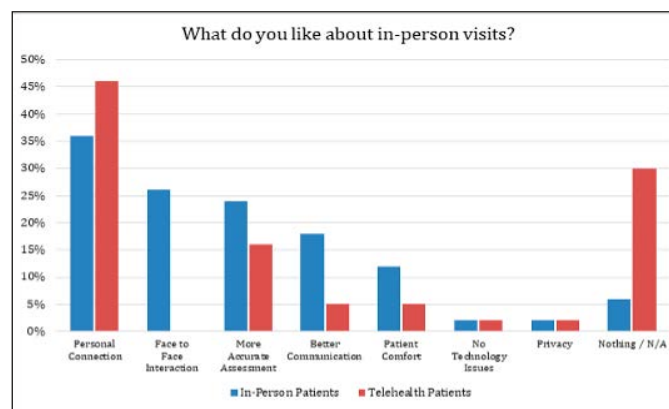
**Figure 3. Patient-Reported Disadvantages of Telehealth**



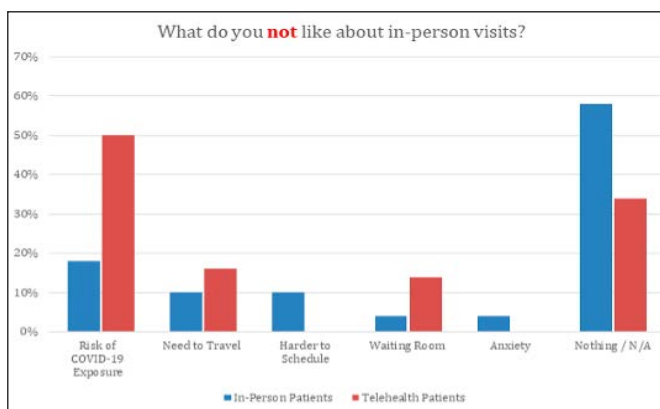
The second most common complaint regarding telehealth and the highest reported advantage of in-person visits involved the element of personal connection (Figure 3-4). In addition to personal connection, there was some concern with the more physical aspects of psychiatric care. Sixteen percent of patients seen virtually and 24% of patients seen in-person reported more accurate assessment as an advantage of in-person care (Figure 4). The patients listed concerns about body language, vital signs, and other physical symptoms that may impact accuracy of assessment.

The 50 patients seen in-person differed in their responses from the 50 patients seen virtually. Sixty-four percent of in-person patients reported a preference for in-person visits during the COVID-19 crisis (Figure 1). Similar to virtual patients, convenience was the most popular

**Figure 4. Patient-Reported Advantages of In-Person Visits**



**Figure 5. Patient-Reported Disadvantages of In-Person Visits**



advantage of telehealth, and personal connection was the most common disadvantage (Figure 2, Figure 3). While more than 50% of patients seen in-person reported no disadvantages to in-person care, patients seen via telehealth listed potential exposure to COVID-19, the need to travel, and scheduling difficulties (Figure 5).

## Discussion

This study suggests that there was a range of preferences and reservations for patients receiving both in-person and telehealth care. The second most common complaint regarding telehealth was the element of personal connection. Patients desire in-person reciprocity and the ability to read body language, and some indicated this was not consistently possible in telehealth appointments. It appears that children and adults alike are craving human interaction after the sudden and all-encompassing shift from in-person to virtual. With school, work, extracurricular, and social events moved online, the desire for a face-to-face appointment is understandable. Other reported concerns were about body language and vital signs. Body language not only may be a physical symptom of a mental illness, but it is also important for building a personal relationship. Vital signs, though not a part of every outpatient psychiatry visit, may be necessary for monitoring certain psychotropic medications.

For some patients seen in-person during the pandemic, the positive impact that personal connection had on psychiatric care outweighed their concern with COVID-19 exposure. The comfort of talking face to face and not having to worry about technology outweighed concerns with travel and scheduling.

While several patients preferred telehealth, in an age of digital divide, we observed that stable internet access was not a reality experienced by all, and rural areas struggled the most. Even with access to a reliable device and stable internet connection, some people still struggled with navigating their patient portals and the audio-visual platforms used for telehealth appointments.<sup>1-2</sup> With the sudden shift to online operations, technological and digital literacy was put to the test during the pandemic. System-specific patient educa-

tion and platforms that are easily accessible to vulnerable populations are needed to improve technological and digital health literacy.

In the state of Missouri alone, during the pandemic, it was estimated that 780,000 residents did not have access to the wired broadband connection needed for what is considered high-speed internet.<sup>3</sup> Furthermore, 350,000 residents do not have access to any speed of broadband.<sup>3</sup> To address this, Missouri allotted \$20 million of the state's Coronavirus relief fund to expand broadband connectivity, as reported by the Missouri Department of Economic Development in July of 2020.<sup>4</sup> Another \$5.25 million was used to support telehealth connectivity and provide hotspots for federally qualified health centers in Missouri.<sup>4</sup> Patient internet access was also supported by federal initiatives including the Emergency Broadband Benefit Program, which was replaced by the Affordable Connectivity Program in November 2021.<sup>1</sup> Investment in internet accessibility helped our clinic's patients to continue receiving care via telehealth when they could not come for in-person visits.

## Conclusion

A recently published article in *Psychiatric News* reported "APA president Jeffrey Geller, MD expects psychiatric practice to be a hybrid model that uses video, telephone, and in person visits as appropriate."<sup>5</sup> He continued, "My hope is that this hybrid practice will be designed to meet individual needs and driven by patient preference rather than driven by finding."<sup>5</sup> Telehealth is becoming all but ubiquitous in the medical field. With telehealth as a seemingly permanent aspect of medicine, the field of psychiatry must adapt. Problems within the delivery of telehealth may not be addressed unless we understand their existence. In reviewing survey responses, common themes emerged that may be used to improve telepsychiatry. Expansion of broadband and increasing affordability of high-speed internet connection are practical solutions to technological issues with telehealth. Implementation of virtual platforms requires both provider and patient understanding; to prevent barriers to care, training and technical assistance must be available.<sup>6</sup> In the interest of personal connection, providers should

use patient names and communicate as they would in the office. For patients preferring to be seen virtually, a recommendation can be made to have at least the first visit in-person to establish a personal relationship. A pre-established trusting relationship built in-person would likely ease the shift to virtual care. For patients that need vital signs, it may be an option to purchase the equipment and take vitals at home after training in the clinic. These vital signs could then be reported to their provider during telehealth visits. Some barriers presented by psychiatric telehealth are more difficult to address than others, but consciously implementing these suggestions may increase patient satisfaction.

According to the article published in *Psychiatric News* in May 2021, “for psychiatrists who practice psychopharmacology, telepsychiatry is likely to continue to be prominent.”<sup>5</sup>

To that end we must remain vigilant and develop better strategies to improve the quality of patient care and patients' satisfaction.

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## Take Home Summary

Telehealth has become an integral part of our daily practices, especially since COVID-19 pandemic. In this study, we propose different methods to advance telehealth care delivery system. We also observed, due to various reasons, a significant number patients and their families preferred to be to be seen in person, even during COVID-19 pandemic.

## About the Authors

**Dr. Sultana Jahan, MD**, is a professor of clinical psychiatry at the University of Missouri-Columbia, Department of Psychiatry. She is interested in pediatric psychopharmacology.

**Rasha El Kady, MD**, is a child and adolescent psychiatrist. She has a private practice in Columbia, Missouri.

**Ellen O'Neill, BS**, is a clinical research coordinator at the Missouri Orthopedic Institute in the spinal surgery department, University of Missouri-Columbia. She has applied to attend medical school.

**Larissa Bell, BS Candidate**, is an undergraduate student at the University of Missouri-Columbia. She is planning to attend medical school in the near future.

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Correspondence to Sultana Jahan, MD; e-mail: [jahans@health.missouri.edu](mailto:jahans@health.missouri.edu)

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