

TELE-CARE:

Continuity of Patients' Health Care by Atypical Means under Atypical Times

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For good times and bad times, we hope that as health care providers, we could still be on the patients' side to support them to cope with their health issues. And indeed our support might be even more important in current atypical times

under the novel coronavirus pandemic when patients are more isolated with social distancing. A recent research in Britain has shown that 20% of people reported being often or always lonely before COVID-19 crisis while 41% reported feeling lonelier since lockdown. (1) Besides, those living with chronic physical and mental health conditions are among people at greater risk of loneliness than others. And a lack of meaningful contact, a reduction of informal and formal support, and increased anxiety have exacerbated loneliness during the crisis. The findings further revealed that the loneliest people feel the least able to cope and recover from the COVID-19 crisis.

In fact, the COVID-19 crisis has challenged many health care professionals in providing services to the patients for the past few months. As a clinical psychologist serving at a public hospital pain clinic, when the infection control measures under emergency level are advised against direct patient care in non-urgent situations, I'm particularly concerned about how the formal support from psychological services to the patients would not be disrupted to maintain their mental health. To minimize the risk of infection, face-to-face psychotherapy could no longer be the only way to ensure the continuity of psychological patient care. To fill the gap, TELE-CARE, the remote delivery of psychological service using telecommunications technology, has been explored and used. Unlike the usual in-person modality of service, special considerations are required for the following areas to ensure the standard and quality when delivering the tele-care service.

Safety and Risk: Given the difficulties in providing emergency service over the phone or digital device to ensure personal safety when patient is emotionally unstable, tele-care would not be suitable for patients with suicidal ideation or with mood instability.

Confidentiality: To protect the confidentiality of a psychological session through tele-care, both the therapist and the patient need to secure a private space and time to attend the session without the third party's interference and no recording is allowed.

Technical Support: The phone or digital device should be supported by enough data plan, being under good network reception and having enough battery throughout the tele-care session for clear and

good communication.

Professional Indemnity under foreign jurisdiction: If the patient is not in Hong Kong but in a foreign country, then the therapist needs to consider if any special permission from the foreign jurisdiction is required to provide the service and any professional guidelines for compliance. (2)

In the past few months, feedback from patients is positive to receive tele-care when face-to-face psychotherapy is not available to minimize the risk of infection. It is particularly more essential to support those patients who require more frequent and regular follow-up sessions to monitor their treatment progress. For many of our patients with mood disturbance, it is common for them to experience mood deterioration with anxiety related to the COVID-19 pandemic in addition to their existing psychosocial stressors. Indeed it is normal to feel the lack of sense of control under the pandemics and people might respond with irrational behaviours such as panic buying. (2) Both local and overseas researches have shown the negative impact of COVID-19 that people experienced more psychological distress (3) and have substantially worsened mental health (4). Through tele-care, psychoeducation on the self-help tips for mood management could still be provided to support patients to maintain their psychological well-being. This in turn helps patients to have the motivation and energy required for coping with their pain condition.

References

(1) British Red Cross (2020 Jun). Life after lockdown: tackling loneliness among those left behind.

This report shows that although social distancing and lockdown measures will continue to be eased, loneliness will remain and for those most left behind, it may continue to grow.

(2) BMS Canada Risk Services Ltd (2020). COVID-19 Virtual healthcare services: Ensuring continuity of care.

(3) Steven Taylor (2020). The psychology of pandemics: Preparing for the next global outbreak of Infectious Disease. Cambridge Scholars Publishing; 2 edition.

(4) Institute for Fiscal Studies (2020 Jun 10). The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK.

(5) Ng D, Chan F, Barry TJ, Lam C, Chong CY, Kok H, et al. (2020 Jun 04). Psychological distress during the 2019 Coronavirus Disease (COVID-19) pandemic among cancer survivors and healthy controls. *Psychooncology*.