

An Invited Companion Comment on: The Need for Implementation of Effective Telepsychiatry Services in the Era of COVID-19 Pandemic in Nigeria

I am glad that that I am invited to comment on this letter-to-the editor, “The need for implementation of effective telepsychiatry services in the era of COVID-19 pandemic in Nigeria,” written by Okechukwu [1]. I have read it with great interest.

In my recent article on “Mental health care in Sweden” [2], I have a section of “Telepsychiatry in Sweden” [2], in which I cited that the first video-based consultations in psychiatry emerged in the 1950s in Nebraska, the United States of America [3], that the northern Swedish community of Gällivare first implemented telepsychiatry a few years ago, finding that almost all patients could be managed by psychiatrists at a distance, and that telemedicine for primary care has seen a surge in 2020 with the COVID-19 pandemic, and telepsychiatry is becoming a part of this development, with high levels of patient and staff satisfaction (www.telepsykiatri.se/english).

I warmly support the initiative to introduce telepsychiatric services in Nigeria [1]. A thesis by Jennifer Chipps at the University of Kwazulu Natal in South Africa in 2012 showed the use with regard to patient management, online rounds, and education [4]. The cost-savings are impressive, the quality of care is just as good, and patient acceptance is high. Administrators should jump at this opportunity. U.S. guidelines have no contra-indications and the pandemic has caused a rapid increase in the use of telepsychiatry. The Veterans Administration in America implements telepsychiatry routinely. Telepsychiatry implemented in several other countries including the Nordic countries [2].

I am on the board of a start-up company to service the rural parts of Sweden with psychiatrists and psychotherapists. We work online from our homes in Stockholm and in Uppsala. We train rural staff and lead rounds remotely by various conference technologies. Two feedbacks stand out: (a) continuity of care is improved by seeing the same therapist/psychiatrist at follow-up; and (b) patient satisfaction runs high as long as the microphones and video links work. Patients appreciate continuity of care, seeing the same psychiatrist throughout, and telepsychiatry is cost-efficient and travels are not needed, benefiting the mobility disadvantaged, and saving carbon dioxide emission [2].

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Conflicts of Interest

The author of this letter-to-the editor is on the board of Svensk Telepsykiatri, a start-up company for telepsychiatric services in Sweden.

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