Correspondence

RE: The effectiveness of telepsychiatry: thematic review

The call for virtual elective clinical rotations for future psychiatrists

In recent years, telepsychiatry has proven crucial in access to mental healthcare, especially with the increased usage of virtual platforms to practise medicine. The virtual option of psychiatry has expanded substantially, providing care to underserved populations and addressing gaps in access to care in adverse populations.[1] In their thematic review describing telepsychiatry as a promising method of practising psychiatry, Sharma et al identified five themes that are associated with the effectiveness of telepsychiatry: patient and clinician satisfaction, technology, diagnostic reliability, outcomes and professional guidance. However, the main barriers that limit the number of psychiatrists that participate in telepsychiatry include reluctance among clinicians and lack of professional guidance. The authors recommend education on the uses of telepsychiatry among clinicians and the provision of professional guidance for future practice. Telepsychiatry is concluded to be a cost-effective way to enhance mental healthcare that is beneficial to the patients of disadvantaged populations. This specifically benefits patients with limited mobility, those living in rural areas and patients that are incarcerated.[1,2]

Given the benefits of telepsychiatry to underserved communities, there is a need to promote its use. Strategies to provide more equitable mental health services and have more clinicians inclined to participate in telepsychiatry begin with the education of future clinicians. Previous studies have indicated the positive implications of residents participating in on-calls virtually. Particularly, residents felt more confident and equipped to treat patients traditionally and virtually. They made fewer medical errors and reported lower levels of burnout, stress and anxiety.[2] In addition, residents that participated in virtual on-call programmes reported feeling more supported by their attending physicians as well as by other healthcare providers.[2,3]

With the goal of improving the experience of telepsychiatry for both patients and clinicians, an option for virtual elective clinical rotations during medical school training could be implemented for medical students across the USA. For students interested in psychiatry, this could prove to be extremely impactful. Future clinicians would be more equipped to deal with the virtual changes that have drastically altered the accessibility of care for patients.[3] Furthermore, previous literature suggests many benefits of virtual electives, including increasing access to educational opportunities, reducing costs, increasing flexibility and enhancing learning outcomes.[4]

In summary, telepsychiatry is a rapidly evolving field, and current clinicians are struggling to progress with the ever-growing implementations of virtual calls and the positive effects for psychiatry residents. The option of virtual elective clinical rotations would allow medical students more viability to fully experience the realm of psychiatry today and become more equipped to practise telepsychiatry.[4] This is significant, as previous studies have indicated that residents participating in such rotations had fewer errors during their training and were able to provide care to communities with limited access.[5] Ultimately, this cost-effective manner of treating patients has proved to be extremely beneficial. For future physicians, virtual elective clinical rotations should be offered to medical students, especially those interested in practising psychiatry.

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Declaration of interest

None

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Author's Reply. RE: The effectiveness of telepsychiatry: thematic review

We thank the authors of the response to our thematic review exploring the effectiveness of telepsychiatry. Much time has passed since its publication in 2021, and here in England guidance for clinicians using virtual medicine has become more available. There also appears, at least anecdotally, to be increasing professional use of hybrid models for both work and patient care.

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It seems that the response to our review touches upon two issues relating to telepsychiatry: inequality in access and virtual clinical rotations. As we recognised in our paper, much of the literature has traditionally focused on English-speaking and/or more developed countries. This does pose a risk of skewing data and not representing the intersecting needs of the communities served by telepsychiatry. We would urge future researchers to continue to consider this specifically when designing studies or reviewing the literature.

In relation to the virtual clinical rotations, the emerging research does pose interesting questions about a possible future format for education. This harkens back to the purported origins of telepsychiatry in the 1950s, when it was used for long-distance medical student teaching. We do wonder what the risks would be of moving electives or clinical rotations from face-to-face to virtual. Would students be able, for example, to develop understandings of team working and institutional dynamics? Would they too miss out on the formative phenomenological experiences of being with patients and their families?

Telepsychiatry is effective and likely to continue to be present in many healthcare systems around the world. As clinicians, though, we must strive to ensure that future iterations of virtual medicine remain safe for professionals and patients alike.

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The case for routine screening for e-cigarette use in psychiatry

Smoking e-cigarettes, also known as vaping, has become an increasingly common practice in the past decade, with recent estimates of lifetime prevalence of 23% globally.[1] Despite this, the incidence of documentation of e-cigarette use in medical records by clinicians remains relatively low,[2,3] perhaps indicating that e-cigarette use is not routinely screened for or that patients do not inform clinicians about their use.

As smoking e-cigarettes is a relatively new phenomenon, there remains a paucity of literature regarding its adverse effects. However, recent research has demonstrated a host of side-effects, including but not limited to cytotoxicity, oxidative stress and pulmonary injury.[4] Although the impacts on mental health remain largely unknown, a recent cross-sectional study by Oh et al found a positive correlation between vaping and psychotic experiences in college students in the USA, even after adjusting for marijuana use and the presence of depression or anxiety.[5] Similarly, a recent scoping review found positive associations between e-cigarette use and depression, suicidal ideation and suicide attempts.[6] Although these findings do not necessarily suggest a causative relationship, especially acknowledging the significant heterogeneity among e-cigarette devices, these studies do indicate a potential link between e-cigarette use and mental illness.

As such, there may be benefit to routinely screening for e-cigarette use in a standard mental health history. Data derived from health services, as well as individual clinician experiences, can assist in determining the potential risks of this increasingly popular practice moving forward.

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Declaration of interest

None

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I aim to specialise in acute paediatric mental health; why isn't psychiatry the obvious choice for training?

Given the theoretically large overlap in care provided by psychiatrists and paediatricians, young people's mental health