

mental health service resourcing in Ireland,¹⁰ and this survey indicates that a majority of Irish psychiatrists have similar concerns about the impact the implementation of the Mental Health Act 2001 may have on levels of patient contact and mental health service resources in the future.

Conclusion

The Mental Health Act 2001 offers a unique and valuable opportunity to bring Ireland's mental health legislation more into line with international standards, such as those outlined in the United Nations' 'Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care.'¹¹

In order to ensure successful implementation, there are strong needs for

- (a) The provision of ongoing training for mental health workers and ongoing information for all stakeholders in mental health services; and
- (b) A careful re-consideration of the resources available for mental health services, in order to ensure both the effective implementation of this important legislation and the provision of an adequate standard of mental health care.

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Telepsychiatry: A solution to clinical efficacy or cost effectiveness

Telepsychiatry offers a promising means to reduce the ever increasing demands on Multidisciplinary Mental Health Teams (MMHT). The audit by Oonagh Bradley et al demonstrated the cost effectiveness of telepsychiatry and its user satisfaction rating was about 88.9% in favour of telepsychiatry. It could be argued that the short duration of the study (six months) is an important methodological limitation. However, as this is a new innovation to psychiatry, the audit should be judged by the exciting opportunities it brought to researchers and mental health providers.

A recent meta-analysis (Batchelder ST et al *CNS Spectr* 2005 May) assessed the replacement of certain in-person psychiatric assessment by telepsychiatry. Their result suggested no difference in efficacy between these two media and they postulated that telepsychiatry can successfully replace certain clinical and research situations. These comparisons are limited due to small effect sizes.

Knapp RG et al (*Telemed JE Health* 2004) assessed methodological issues of treatment outcomes in the research of telepsychiatry. In particular, they focus on cost effectiveness versus clinical efficacy. They advise that clinical efficacy approaches offer enhanced internal validity but may be limited by lack of generalisability. Cost effectiveness approaches offer more external validity. They suggest that telepsychiatry research should focus more on clinical efficacy studies.

In my opinion, future research should provide more insight into the balance between cost effectiveness and clinical efficacy of telepsychiatry. Finally, telepsychiatry should not be seen as a solution to the existing longstanding shortages of Multidisciplinary Mental Health Teams but rather it should be commissioned to compliment these teams.

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Correction

Irish Journal of Psychological Medicine 2006; 23(1): 3-5, *Neuropsychiatry of epilepsy*. References should have run to 33 not 35 as in the text, a correction to the final proof was omitted. Full and correct text and references are available from niamh@medmedia.ie