



Cultural and Practical Implications for Psychiatric Telehealth Services: A Response to COVID-19

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Abstract

In the midst of the current COVID-19 pandemic, telehealth or the remote delivery of mental health services via videoconferencing technology is experiencing exponential growth in utilization. Telehealth services provide mental healthcare providers the ability to deliver timely assessments, facilitate and leverage scarce resources, and maintain client connections in a time where social distancing is endorsed. The delivery of culturally appropriate psychiatric telehealth services is particularly relevant for diverse ethnic populations along with best practices to promote client-provider engagement and client satisfaction. The aim of this article is to provide an overview of psychiatric telehealth services and its functions and deliver insights into culturally appropriate practice strategies.

Keywords

telehealth, mental health, coronavirus, COVID-19, health care, remote health services

Background

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, or coronavirus disease 2019 (COVID-19), is a global public health threat. Over 30,000,000 cases are attributed to COVID-19 globally (World Health Organization, 2020). While some infectious diseases are self-limited, COVID-19 is a leading global cause of death. COVID-19 has taken the lives of more than a million individuals worldwide, affecting the emotional and mental health of diverse and vulnerable populations (World Health Organization, 2020). Individuals from developing countries immigrate to the United States due to sociopolitical issues, socioeconomic factors, or lack of health care resources in their native countries, among other circumstances (American Academy of Pediatrics, 2013; Centers for Disease Control and Prevention [CDC], 2016). More than 6,000,000 Americans are currently infected with COVID-19 and nearly 200,000 deaths are related to the infectious disease (CDC, 2020b). This pandemic has disproportionately affected states with large diverse populations such as Florida, Georgia, Texas, California, and New York (CDC, 2020b).

Emotional and mental health conditions among Americans of all ages and ethnic groups have also increased during the COVID-19 pandemic (Franki, 2020). The current pandemic has presented new challenges for health care providers (HCPs) in the delivery of mental health services to clients

and their families at physical locations. The provision of psychiatric care using telehealth could fulfill the mental health needs of diverse Americans during the COVID-19 crisis while meeting social distancing regulations. However, research indicates knowledge deficits in this area. Language and literacy barriers, limited access to internet technology, as well as household income may further negatively contribute toward health disparities (Bokolo, 2020; Mackert et al., 2009; Scott Kruse et al., 2018). This article reviews the recent rise in psychosocial issues and provides an overview of telehealth and its functions, especially amid a global pandemic. Telehealth practice recommendations, including cultural implications, are also presented.

COVID-19 and Psychosocial Issues in Diverse and Vulnerable Populations

Diverse racial and ethnic populations in the United States have significantly greater ratios of hospitalization or deaths

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from COVID-19 than non-Hispanic Whites (CDC, 2020a). Native Americans, African Americans, and Hispanics had hospitalization rates approximately five times that of non-Hispanic Whites (CDC, 2020a). The global pandemic has also negatively affected the mental health of diverse groups as businesses closed, social relationships changed, and jobs were lost (Franki, 2020). Both African Americans and Hispanics (24%) recently reported higher rates of stress, anxiety, or emotional disturbances compared with non-Hispanic Whites (17%) in a cross-sectional, descriptive study ($n = 1,226$; Franki, 2020). Nearly half of Hispanics (44%) and African Americans (42%) further reported work loss, reduced work hours, or cuts in income related to the COVID-19 crisis (Franki, 2020). These factors could potentially play a role in United States health care disparities among diverse and vulnerable groups, particularly during a global pandemic. Telehealth, however, could fulfill the medical and psychiatric needs of Americans of all ethnic groups by increasing access to health care and controlling COVID-19 rates.

Advantages of Telehealth Services

Telehealth services were integrated into U.S. health care delivery systems as a strategy to improve mental health treatment as these systems sought ways to deliver care to clients in their homes to limit COVID-19 transmission. Federal guidelines related to COVID-19 social distancing mandates contributed to the unprecedented need to expedite remote access for mental health treatment. Telehealth services increases psychiatric care access for individuals living in rural areas and those that lack reliable transportation. Timely access to mental health services has led to decreased hospital utilization, improved client compliance, and satisfaction (Dinesen et al., 2016). Telehealth services can improve continuity of care and promote client and/or caregiver engagement. Furthermore, with the client's consent, family members can join the telehealth appointment to provide collateral information and participate in treatment and management plans. These services are cost-effective due to increased productivity, time management, and reduces transportation expenses.

Cultural Implications

Cultural and behavioral manifestations must be considered while performing psychiatric evaluation, treatment, and care. Global variations in mannerisms can be misinterpreted leading to inaccurate impressions; therefore, clinicians need to remain mindful of cultural and behavioral variances. For example, differences in perception related to eye contact differ among cultures.

In the United States, White and African Americans believe direct eye contact is considered a sign of respect. However, Native-American, Hispanic, and Asian cultures consider direct eye contact to be disrespectful or rude. Additionally, Asians may nod their heads to demonstrate respect, whereas

this mannerism may be misinterpreted as a sign of agreement or understanding (Evason, 2016).

Similarly, individuals from Russia, India, Sri Lanka, Bangladesh, and Pakistan avoid eye contact to express deference and respect. In India, a horizontal head swing represents "yes," but can be misunderstood by HCPs to indicate "no." Knowledge of cultural mannerisms is important to avoid misunderstandings during telehealth consults. To ensure effective communication, HCPs should illicit verbal responses from clients (Ahmed & Lemkau, 2000). Hindu women often insist their spouse be physically present during telehealth sessions. Oftentimes, these women rely on their spouse to make their health-related decisions (Shakya et al., 2018).

Mental health conditions that include behavioral elements may contribute to communication difficulties or misinterpretations during telehealth consultations. For example, individuals diagnosed with autism may display an unconscious avoidance of eye contact (Madipakkam et al., 2017). Clients with schizophrenia and social anxiety may experience difficulty maintaining eye contact during telehealth sessions. Individuals with attention deficit, cognitive disorders, and mood disorders may present with similar symptoms; therefore, HCPs must have a solid base of disease symptomology in addition to cultural considerations (American Telemedicine Association, 2018).

Recommendations for Practice

For telehealth to be effective and achieve its full potential, it must include safe, effective, client-centered, timely, efficient, and equitable care (Institute of Medicine, 2001). Factors to consider during remote mental visits includes risk assessment, level of supervision, appraisal of symptom severity, cognitive capacity, evaluation of medical comorbidities requiring in-person examinations, and a review of prior history of treatment compliance, substance abuse, and self-injurious behaviors (American Psychiatric Association, 2016; Shore et al., 2018). In addition to safety considerations, availability of technology to transmit information and cognitive demands imposed on telehealth users are key considerations when screening clients (Blue et al., 2020). Ensuring client safety, care effectiveness, and positive client and provider experiences are of paramount importance during telehealth consultations. Clinical pearls for HCPs performing telehealth consultations are provided to best achieve these goals and avoid telehealth practice pitfalls. The recommendations are divided into the following two domains: (1) provider-technology criteria and (2) client and/or caregiver-technology criteria.

Provider-Technology criteria

Provider and staff training are essential in understanding how to implement and conduct telehealth visits. Simulated

Table 1. Best Practices for Providers.

Preparation	<ul style="list-style-type: none"> • Chart review to assess appropriateness for telehealth consultation • Clinician reviews chief complaint prior to visit • Dedicate a space and create a professional environment • Regular quality checks on telemedicine services • Adhere to local telemedicine practice regulations • Join meeting at the designated appointment time • Flexible and adaptive when things did not go as planned • Prepare a resource list of potential referrals and/or have information needed to contact authorities if client is a danger to self/others
Appearance	<ul style="list-style-type: none"> • Dress professionally • Stay engaged patient and avoid distractions
Introduction	<ul style="list-style-type: none"> • Clearly identify himself/herself by full name, medical title, and office affiliation • Verify the patient's complete names and date of birth • Verify exact location of patient during each session • Review confidentiality and need to breach it if client is a danger to self or others • Identify and address clinical concerns of telehealth
Consent	<ul style="list-style-type: none"> • Check and document consent has been granted and seek verbal consent • Ensure privacy • Document consent for treatment and medication
Communication	<ul style="list-style-type: none"> • Maintain eye contact • Speak clearly; avoid shouting • Make patients feel comfortable (avoid appearing rushed) • Maintain professionalism
Technology and lighting	<ul style="list-style-type: none"> • Check room lighting • Assess audio • Avoid background noise; avoid interruptions • Ensure camera angle and balance; position at eye level • Eliminate personal objects within camera view • Confirm that the patient can view providers face
Examination	<ul style="list-style-type: none"> • Environment (distractions, safety concerns) • General appearance, comfortable, distress, diaphoretic, anxious, calm • Vital signs • Mental status (recall, orientation to person, place, time; use of standardized tools) • Breathing • Speech • Perform mental status exam • Cranial nerves and motor function (tremor, extrapyramidal movements, etc.) • Assess gait and coordination • Assess safety and initiate safety plan if indicated
Wrap-up	<ul style="list-style-type: none"> • Answer patient questions • Provide internet resources • Provide patient with policies for communication • Provide recommendation for follow-up services • Provide processes for emergency situations and referrals • Review customer satisfaction for quality improvement

mock visits can be used to demonstrate possible obstacles related to technology. Providers and staff require protocols that include roles and responsibilities, process for obtaining client consent, privacy and confidentiality compliance, and protocols for emergency situations. Defined processes for documentation, storage, and retrieval of information is also warranted (Shore et al., 2018).

Providers must be familiar with legislation laws regarding client consent, confidentiality, and privacy (Bokolo, 2020). Licensure, billing, reimbursement, and insurance coverage

varies nationwide; therefore, attention to regulation is essential (Bulman et al., 2020). Effective deployment of telehealth visits requires availability of a solid provider infrastructure and proper telehealth etiquette and the unique skills required to conduct effective telehealth sessions (Rutledge et al., 2017). Table 1 depicts telehealth etiquette and best practices for mental health providers conducting remote visits. Providers must consider that clinical decision making for telehealth services should be client-centric, respectful, responsive to individual preferences, and align with their values and beliefs.

Table 2. Best Practices for Clients and Caregivers.

Preparation	<ul style="list-style-type: none"> • Prepare questions prior to visit • Have pen and paper readily available for notetaking • Provide past and current medical information • Have medication bottles available for medication reconciliation • Review telehealth preparation checklist • Perform vital signs with home equipment (weight, pulse, blood pressure, blood sugar, etc.) • Join meeting at the designated appointment time • Flexible and adaptive when things did not go as planned
Appearance	<ul style="list-style-type: none"> • Dress appropriately • Clothing allows for proper visibility and examination
Introduction	<ul style="list-style-type: none"> • Clearly identify him/herself by full name • Verify the providers name, title and affiliation • Confirm that the provider can view patient's face
Consent	<ul style="list-style-type: none"> • Provide written and verbal consent • Express clinical concerns of telehealth • Ensure privacy; avoid interruptions
Communication	<ul style="list-style-type: none"> • Special attention to the relational interventions • Maintain eye contact • Speak clearly; normal tone; avoid shouting; slow speech • Attending to verbal and nonverbal communication
Technology and lighting	<ul style="list-style-type: none"> • Check room lighting • Assess microphone and audio • Avoid background noise • Ensure camera angle and balance; position at eye level
Wrap-up	<ul style="list-style-type: none"> • Inquire about communication policies • Ask about follow-up care and next steps for management • Inform processes for emergency situations and referrals • Provide provider feedback

Technology Criteria

Implementing an optimal psychiatric telehealth consultation includes client preparation. Since inconsistencies in technology and lack of understanding about telehealth access are barriers, providers are obliged to provide clients with information to ease the process. Offering clients and caregivers opportunities to familiarize themselves with telehealth technology, prior to the initial session, can instill confidence and empowerment. Preparation checklists can facilitate preparation and position clients to be better prepared to optimize their time with HCPs. Offering additional support for those who need to download software prior to the visit or attend to other requirements can also be helpful. It is important to direct clients to where they can inquire about telehealth coverage and other resources may alleviate their financial concerns. Providing HCPs opportunities for observation and practice using telehealth technology and appropriate education can increase their competence and maximize consultation efficiency. Table 2 depicts client and caregiver etiquette and best practices for psychiatric telehealth visits.

Conclusion

The integration of remote telehealth encounters limits infectious exposures and improves access and allocation of mental health care resources. As changes in care delivery models

continue to evolve, the delivery of culturally appropriate psychiatric telehealth services is particularly relevant as it affects diverse ethnic populations. HCPs must remain knowledgeable about the cultural implications, and social and behavioral differences for the populations they serve. HCPs need to continually assess for potential barriers and facilitators that can influence health-related outcomes. HCP and client education to promote optimal telehealth delivery can serve to promote trust, client-provider engagement, and client satisfaction.

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References

- Ahmed, S. M., & Lemkau, J. P. (2000). Cultural issues in the primary care of South Asians. *Journal of Immigrant Health*, 2(2), 89-96. <https://doi.org/10.1023/A:1009585918590>

- American Academy of Pediatrics. (2013). Policy statement: Providing care for immigrant, migrant, and border children. *Pediatrics*, 131(6), e2028-e2034. <https://doi.org/10.1542/peds.2013-1099>
- American Psychiatric Association. (2018). *Web-based telemental health toolkit*. <https://www.psychiatry.org/psychiatrists/practice/telementalhealth>
- American Telemedicine Association. (2018). *A concise guide for telemedicine practitioners: Human factors quick guide eye contact*. <https://www.americantelemed.org/resources/a-concise-guide-for-telemedicine-practitioners-human-factors-quick-guide-eye-contact/>
- Blue, R., Yang, A. I., Zhou, C., De Ravin, E., Teng, C. W., Arguelles, G. R., Huang, V., Wathen, C., Miranda, S. P., Marcotte, P., Malhotra, N. R., Welch, W. C., & Lee, J. (2020, July). Telemedicine in the era of coronavirus disease 2019 (COVID-19): A neurosurgical perspective. *World Neurosurgery*, 139, 549-557. <https://doi.org/10.1016/j.wneu.2020.05.066>
- Bokolo, A. (2020). Use of telemedicine and virtual care for remote treatment in response to COVID-19 pandemic. *Journal of Medical Systems*, 44, Article 132. <https://doi.org/10.1007/s10916-020-01596-5>
- Bulman, J. C., Moussa, M., Lewis, T. K., Berkowitz, S., Sarwar, A., Faintuch, S., & Ahmed, M. (2020). Transitioning the IR clinic to telehealth: A single-center experience during the COVID-19 pandemic. *Journal of Vascular and Interventional Radiology*, 31(8), 1315-1319. <https://doi.org/10.1016/j.jvir.2020.05.008>
- Centers for Disease Control and Prevention. (2016). *Immigrant and refugee health*. <https://www.cdc.gov/immigrantrefugeehealth/index.html>
- Centers for Disease Control and Prevention. (2020a). *COVID-19 hospitalization and death by race/ethnicity*. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- Centers for Disease Control and Prevention. (2020b). *United States COVID-19 cases and deaths by state*. https://covid.cdc.gov/covid-data-tracker/#cases_casesinlast7days
- Dinesen, B., Nonnecke, B., Lindeman, D., Toft, E., Kidholm, K., Jethwani, K., Young, H. M., Spindler, H., Oestergaard, C. U., Southard, J. A., Gutierrez, M., Anderson, N., Albert, N. M., Han, J. J., & Nesbitt, T. (2016). Personalized telehealth in the future: A global research agenda. *Journal of Medical Internet Research*, 18(3), e53. <https://doi.org/10.2196/jmir.5257>
- Evason, N. (2016). *Cultural atlas: Japanese culture*. <https://culturalatlas.sbs.com.au/japanese-culture/japanese-culture-communication>
- Franki, R. (2020). *Survey: COVID-19 is getting in our heads*. <https://www.mdedge.com/rheumatology/article/220224/coronavirus-updates/survey-covid-19-getting-our-heads>
- Institute of Medicine, Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st century*. National Academies Press.
- Mackert, M., Kahlor, L., Tyler, D., & Gustafson, J. (2009). Designing e-health interventions for low-health-literate culturally diverse parents: Addressing the obesity epidemic. *Telemedicine and eHealth*, 15(7), 672. <https://doi.org/10.1089/tmj.2009.0012>
- Madipakkam, A. R., Rothkirch, M., Dziobek, I., & Strezer, P. (2017). Unconscious avoidance of eye contact in autism spectrum disorder. *Scientific Reports*, 7, 13378. <https://doi.org/10.1038/s41598-017-13945-5>
- Rutledge, C. M., Kott, K., Schweickert, P. A., Poston, R., Fowler, C., & Haney, T. S. (2017). Telehealth and eHealth in nurse practitioner training: Current perspectives. *Advances in Medical Education and Practice*, 8, 399-409. <https://doi.org/10.2147/AMEP.S116071>
- Scott Kruse, C., Kareem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of Telemed Telecare*, 24(1), 4-12. <https://doi.org/10.1177/1357633X16674087>
- Shakya, H. B., Dasgupta, A., Ghule, M., Battala, M., Saggurti, N., Donta, B., & Raj, A. (2018). Spousal discordance on reports of contraceptive communication, contraceptive use, and ideal family size in rural India: A cross-sectional study. *BMC Women's Health*, 18, Article 147. <https://doi.org/10.1186/s12905-018-0636-7>
- Shore, J., Yellowlees, P., Caudill, R., Johnston, B., Turvey, C., Mishkind, M., Krupinski, E., Myers, K., Shore, P., Kaftarian, E., & Hilty, D. (2018, April). Best practices in videoconferencing-based telehealth. *Telemedicine and e-Health*, 24(11). <https://doi.org/10.1089/tmj.2018.0237>
- World Health Organization. (2020). *WHO coronavirus disease (COVID-19) dashboard*. <https://covid19.who.int/>