

## **Letter to the Editor. The Polish standard of teleconsultation in psychiatry**

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Videoconference treatment has a long tradition in psychiatry – it was first used in 1959. In February 2021, the World Psychiatric Association (WPA) published global guidelines concerning teleconsultation in psychiatry [1]. WPA standards dictate that a telepsychiatry (TP) consultation be treated as equivalent to a standard in-person consultation, and the choice of the type of consult at any given moment should belong to both the service provider and the patient. By a service provider we understand a doctor, psychologist, psychotherapist or any other psychiatric healthcare professional. A TP consultation should preferably assume the form of a videoconference communication, enabling the assessment of not only the patient’s verbal report, but also their facial expression and body posture/movement. According to the WPA standards, there are no contraindications for TP consultations, just as there are no contraindications for onsite in-person consults. The general principle of remote videoconference consultation (teleconsultation) conducted by a psychiatrist is that it should be as close as possible

to a direct doctor-patient meeting (i.e., routine stationary consulting), involving all standard procedures for a psychiatric examination. In the case of a teleconsultation, the psychiatric examination is carried out through a real-time videoconference contact, via both the visual and auditory channels, with the possibility of performing physical examinations during a following on-site appointment, if clinically indicated.

The Main Board of the Polish Psychiatric Association (PPA) is of the opinion that the WPA guidelines should be the basis for creating standards for teleconsulting in psychiatry in Poland, in compliance with the Polish legal regulations. These standards are included in the recommendations and guidelines presented below, developed by the Scientific Section of Telemedicine of the PPA. They remain in line with the recommendations on medical consulting in times of limited social contacts, previously published in *Psychiatria Polska* [2].

### **The standards of psychiatric teleconsultation**

1. Remote consultation (teleconsultation) in psychiatry is to be conducted by a psychiatrist or a physician who specializes in psychiatry and has a valid license to practice medicine. Persons who can conduct teleconsultations are specified in the Ordinance of the Minister of Health on guaranteed benefits in Article 2, points 1-18. In the case of other mental health professionals, the person providing service must have education and/or qualifications appropriate to the service provided, in accordance with applicable regulations.
2. It is recommended to conduct teleconsultations in the form of a videoconference, including a real-time and mutual transmission of sound and image between the patient and the service provider. If it is impossible to conduct teleconsultation via a videoconference, therapeutic or follow-up appointments can be made by a telephone call after confirming the patient's identity.
3. Other forms of remote communications, such as text messaging (sms), e-mail or chat with the patient, complement the teleconsultation, but are not equivalent to it. When using the supplementary forms of contact, care should be taken not to disclose sensitive data concerning the patient.
4. Teleconsultation is equivalent to a stationary in-person consult. Teleconsultation as an equivalent to stationary consultation is compliant in terms of content with Annex 6 point 1 pp 2-6 of the Ministry of Health Regulation on guaranteed benefits. Both forms of treatment may replace and complement each other, constituting an integral part of psychiatric treatment. Teleconsultation is subject to all legal regulations regarding the provision of medical services in Poland.
5. Treatment in the form of teleconsultation has the same legal and ethical status as treatment in a stationary clinical setting.
6. Video-communication platforms, enabling teleconsultation by videoconferences, are to guarantee the patient a safe and secure possibility to make an appointment and use the system with maintenance of the confidentiality of personal data. They

- should be compatible with the up-to-date versions of available operating systems and provide protection for digital medical data and the quality of the audiovisual connection enabling a stable teleconsultation.
7. Psychiatric teleconsultations may be performed only on video communication platforms that meet the presented recommendations.
  8. Handling of documents and personal data must comply with the requirements of the GDPR.
  9. Before initiating a videoconference teleconsultation, the patient must agree to its terms in accordance with the presented recommendations. The videoconference connection cannot be initiated by a patient who did not agree to the teleconsultation conditions presented here. An example of the text of the patient's consent is included in Appendix 1.
  10. In order not to distract the patient, the person providing the teleconsultation by videoconference should remove all unnecessary objects both from the background and their immediate surroundings. The person performing the service is to be visible in the center of the patient's image against a neutral background in a well-lit room ensuring its good visibility. Silence is to remain in the room where the teleconsultation is carried out.
  11. At the beginning of the videoconference teleconsultation, the person providing the service must verify that the patient can hear and see them well. During the video consultation, the person providing the service is to look towards the digital camera.
  12. It is recommended that the first psychiatric appointment assume the form of an in-person meeting, followed by teleconsultations as a continuation of treatment. An initial teleconsultation may be performed only if the reason for the inability to conduct an in-person appointment is recorded in the medical files and arrangements are made to perform the physical examination of the patient as soon as possible. Another physician may perform that physical evaluation of the patient.
  13. In the exceptional situation when social contact restrictions are introduced, a diagnostic appointment may be conducted in the form of a teleconsultation, followed by a stationary in-person appointment when possible to complete the physical examination of the patient.
  14. In a situation where the physician decides that a teleconsultation is not sufficient to assess the patient's mental state, they should inform the patient about the need for a stationary consultation. This should be recorded in the medical files during the teleconsultation.
  15. During a videoconference teleconsultation, the person providing the service is to present their name, surname and specialization and obtain personal and contact details from the patient, along with the information on their location during the teleconsultation and, if possible, also the details of their contact persons (family, caregiver, another doctor). These data are to be recorded in the medical documentation of the teleconsultation. In accordance with applicable law, it is forbidden to

- send and collect copies of identity documents. Patient's identification can be done by presenting an identity document to the camera.
16. During the initial teleconsultation, the person providing the service is to present the patient with the procedure to be followed in the event of deterioration of their mental state occurring between subsequent TP sessions. This procedure is to be recorded in the medical documentation of the teleconsultation.
  17. In the event that a teleconsultation should be unavailable, an alternative is direct in-person contact with a physician/mental health professional in stationary conditions.
  18. Teleconsultations are to be conducted in conditions guaranteeing the privacy of the patient. Other people may be present during the video consultation only with the consent of the patient.
  19. The time of the teleconsultation is to be equivalent to the time of a stationary consult.
  20. The course of each teleconsultation is to be recorded in the medical files.
  21. The patient's satisfaction with teleconsulting by videoconference should be assessed with the use of a questionnaire that the patient can fill in electronically after completing the teleconsultation.
  22. Digital data relating to audio and video transmission may not be recorded and collected by either the patient or the service provider, except when both parties consent to it.
  23. In the event of a threat to the patient's life or health, treatment in the form of teleconsultation should be terminated and changed to the stationary treatment, which the service provider is to communicate to the patient during the teleconsultation.
  24. In the event of a threat to the patient's life or health or life of other persons, the telehealth service provider should immediately report this fact to the medical emergency services/police, using the examining and treatment procedures in accordance with the Mental Health Protection Act.
  25. The presented recommendations and guidelines apply to the Polish citizens residing in and outside of Poland. Treatment of foreign patients via a teleconsultation must adhere to the relevant country legal and ethical regulations relating to TP practice.
  26. Recommendations and guidelines for the teleconsultation may be updated by the Ministry of Health or at the request of the PPA. Updates of the recommendations and guidelines will be published in *Psychiatria Polska* and on the website of the Polish Psychiatric Association.

### **Appendix 1. A sample text of the patient's consent to a telemedicine video conference**

*"Bearing in mind that a teleconsultation via a videoconference has the same legal status as a standard in-person consultation in stationary conditions, I give my consent to participate. I understand that a teleconsultation may not be recorded and made available to other persons and entities, except when both parties agree to it.*

*Other people can participate in the teleconsultation only with my consent and with the knowledge of the service provider. In a situation that threatens my life or health, the person providing the service has the right to refuse to continue the teleconsultation, indicating the stationary treatment as recommended. In the event that the service by videoconference is unavailable, an alternative form of treatment is an in-person contact with a doctor, medical facility or emergency services”.*

### References

1. Mucic D. *Telepsychiatry Global Guidelines. WPA 2021.* [https://3ba346de-fde6-473f-b1da536498661f9c.filesusr.com/ugd/e172f3\\_19ce700c2a1f484b98efdcaf02c3c6ff.pdf](https://3ba346de-fde6-473f-b1da536498661f9c.filesusr.com/ugd/e172f3_19ce700c2a1f484b98efdcaf02c3c6ff.pdf)
2. Krzystanek M, Matuszczyk M, Krupka-Matuszczyk I, Koźmin-Burzyńska A, Segiet S, Przybyło J. *Letter to Editor. Polish recommendations for conducting online visits in psychiatric care.* Psychiatr. Pol. 2020; 54(2): 391–394.

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