



**ACADEMY OF MEDICINE  
SINGAPORE**



**COLLEGE OF PSYCHIATRISTS**

**SPECIALTY SPECIFIC GUIDANCE**

# **TELEMEDICINE**

## **PSYCHIATRY**

**1 DECEMBER 2021**

*Developed by*

**COLLEGE OF PSYCHIATRISTS, ACADEMY OF MEDICINE, SINGAPORE**

### 1. Whether first specialists' consultations must be conducted in-person for all conditions, OR if there are specialist conditions which can be managed solely over telemedicine.

Telehealth or Telemedicine includes the following:

- 1) Teleconsultation – direct patient care
- 2) Telecollaboration – interaction between medical professionals – For example; psychiatrist and psychiatrist or; psychiatrist and other medical disciplines
- 3) Telesupport – general non-clinical support to patients or caregivers. For example, educational e-leaflets
- 4) Telemonitoring – collection of patient's biomedical data and psychiatric rating scales

In this section, we would be referring to Teleconsultation. First Psychiatric and Psychological consultation between clinician and patient should always be conducted in person, to provide clinician a full direct view of the patient's general medical condition and specific mental state, except extenuating circumstances e.g. acute infectious diseases require the patient to be quarantined and in barrier nursing, teleconsultation at site could be a viable alternative where viewing window/ port could still provide the direct view of patient's mental state through the viewing window/ port.

### 2. Whether there are any additional patient inclusion/exclusion criteria for specialists use of telemedicine (for first, or follow-up consults).

Exclusion of teleconsultation where presentation of or suspected:

- First psychiatric or psychological consultation
- Acute suicidal patients/ Deliberate self-harm patients
- Acute intoxication by substance or drugs
- Acute delirium
- Mental capacity assessment (case by case when showing lack of capacity)
- Specific medical legal assessment ordered by the court

### 3. If so, are there additional patient notifications to help patients make an informed choice on their use of telemedicine;

All psychiatry and psychological therapy teleconsultation arrangement should be consented by the patients and/ or their caregivers, after providing them the advisory on nature of

consultation, digital device set up and linkages required to support the consultation, cost of consultation, arrangement for medication delivery, treatment outcome and safety monitoring, where indicated.

**4. Whether there are any speciality specific clinical red flags where if observed, specialists should escalate patients for an in-person consultation or A&E where appropriate;**

During teleconsultation when there are clinical indication or suspicion of:

- Acute delirium
- Acute medical causes associated with altered mental state
- Acute suicidal ideas and plan
- Acute plan for deliberate self-harm, intent to harm others or pose as a safety risk to others
- Lack of mental capacity
- Adverse medication allergy or adverse effect of psychiatric treatment received
- Risk of coercion or concerns around confidentiality. E.g. patient sited in public spaces during zoom meeting; if family members or carers in the same zoom meeting (in view or hidden from view or not declared to the reviewing doctor)

**5. Whether there are any specific visual cues or other indications (e.g., tests or use of devices) that should be done/used when specialists manage patients over telemedicine.**

To define system specification for audio-video consultation:

- software system (e.g., Zoom),
- equipment standardisation,
- recording function,
- PDPA compliance

## ACKNOWLEDGEMENT

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**PUBLISHED: DECEMBER 2021**

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