



# Use of Telepsychiatry to Increase Resident Exposure to Forensic Psychiatry During COVID-19

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To the Editor:

The COVID-19 pandemic has accelerated the pace at which telemedicine is being utilized in nontraditional medical settings, including forensic psychiatry. While access to quality psychiatric care has been a long-standing and pre-COVID concern for the forensic population, high rates of coronavirus in correctional facilities have made for even more challenging circumstances [1]. Likewise, forensic fellowship programs are repositioning themselves to ensure adherence to credentialing requirements and the provision of care for forensic populations despite suboptimal conditions.

Although it is becoming increasingly accepted that telepsychiatry can be used to improve access to mental health care in correctional facilities, it remains a tool not routinely incorporated into curricula of general psychiatry or fellowship programs [2]. It is imperative for trainees in forensic fellowship programs to have longitudinal experience in managing patients in correctional systems, according to the Accreditation Council for Graduate Medical Education (ACGME) [3]. Accredited general psychiatry residencies are also required to include 1 month of forensics exposure, although its constituency is highly variable among programs [3, 4]. This variability could potentially lead to limited clinical exposure, lack of interest in treating this vulnerable population, and clinician shortages in an area where mental health needs are extensive and inadequately addressed [2].

Given the uncertainty surrounding the COVID-19 pandemic, it is timely to consider if the next generation of psychiatrists will be adequately prepared to handle the care of individuals with psychiatric conditions in correctional or other forensic settings. The experience of a Midwestern academic medical center's use of telepsychiatry to provide patient care in a

correctional setting during the pandemic is herein described. The authors emphasize unforeseen opportunities for trainees participating in the care of patients through telepsychiatry with a correctional facility housing youth ages 15–20 years located approximately 20 miles from the residency program's site.

Following Institutional Review Board approval, a survey was developed and administered to four residents in the residency program who participated in an elective telepsychiatry rotation with youth at the correctional facility. The surveys included six questions regarding the use of telepsychiatry in this setting:

1. What observations did you have about safety when interacting with patients in the correctional setting through telepsychiatry?
2. Do you think using telepsychiatry during the pandemic increased access to care for patients in the correctional setting? If so, how?
3. What were your observations of interdisciplinary team functioning in correctional settings?
4. Did this experience increase your awareness of forensic psychiatry?
5. Did this experience increase your interest in forensic psychiatry?
6. Overall, how would you rate this experience?

The first three survey questions generated free text responses to describe residents' observations of safety, access to care, and interdisciplinary team functioning. Questions 4–5 required a yes/no response, while the last question was a Likert scale rating of 1–4 (1 = unsatisfactory, 2 = marginal, 3 = very good, 4 = superior).

All four residents administered the survey responded. Based on their experience, all four residents reported an increase in their interest and awareness of forensic psychiatry. When asked to rate their experience overall, 33.3% described their experience as “very good” and 66.6% described their experience as “superior.” Regarding safety, three participants

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described that using telepsychiatry appeared to increase the level of safety for the provider and patient. For example, one stated “Telepsychiatry in the correctional setting seems to be a very safe way to practice, for both the provider and the patient. The patient is inherently in a more controlled environment with less means of hurting themselves, and there is in-person staff nearby in case escalation occurs. The provider is physically distanced from the patient and automatically safer from physical harm.” One resident described safety concerns, stating “I worried that it might be possible for the patient to be agitated by the content of the medical management discussion which would be translated into violence against the staff member who accompanies the patient to the teleconference room. The medical practitioner on the other end of the teleconferencing software would be helpless, watching the violence unfold on the screen.”

All survey respondents agreed that telepsychiatry was a means to increase access to correctional populations. One resident commented, “It seemed like we were able to provide high quality care to patients who were in need and had not seen a psychiatrist in some time. This was a great means of extending our reach. Without the additional time for commuting to their facility, telepsychiatry allowed us to spend more time with teaching and discussing relevant material.”

Additionally, all residents were complimentary of the approach to interdisciplinary team functioning, stating that having the nurse, provider, and patient present for the appointment allowed for instantaneous coordination of care. One resident noted “It was really helpful to have the treatment team present together to discuss each patient before their appointment. It was also helpful to have a team discussion about the best plan forward regarding medications, assessments, and safety planning. This made it easier for treatment team members to mention something they had noticed or address any concerns they had openly.”

The pandemic has necessitated that those working in correctional settings retrench from traditional models of care. Research has shown that telemedicine has several benefits to psychiatric care including improving access to services to reduce health disparities, reducing the cost associated with travel to correctional facilities, improving coordination of care

across healthcare systems, increasing the number of mental health professionals willing to work in criminal justice systems, and potentially reducing stigma associated with receiving psychiatric services [2]. There are obvious study limitations, specifically generalizability given a small sample size at one residency program as well as patient confidentiality. However, our experience supports that telepsychiatry can be an effective modality for increasing experience in and teaching residents about correctional care, despite constraints of a pandemic. Future directions could include looking at multi-institutional approaches to forensic psychiatry curricular and clinical experiences with telepsychiatry. Further efforts could also compare the effectiveness of in-person assessments vs. telemedicine with respect to safety, outcomes, and interdisciplinary functioning in correctional settings.

## Declarations

**Disclosures** On behalf of all authors, the corresponding author states that there is no conflict of interest.

## References

1. Saloner B, Parish K, Ward JA, DiLaura G, Dolovich S. COVID-19 cases and deaths in federal and state prisons. *JAMA*. 2020;324(6): 602–3. <https://doi.org/10.1001/jama.2020.12528>.
2. Saeed SA, Johnson TL, Bagga M, Glass O. Training residents in the use of telepsychiatry: review of the literature and a proposed elective. *Psychiatry Q*. 2017;88(2):271–83. <https://doi.org/10.1007/s11126-016-9470-y>.
3. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in forensic psychiatry. ACGME. 2020. [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/406\\_ForensicPsychiatry\\_2020.pdf?ver=2020-06-19-130837-917](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/406_ForensicPsychiatry_2020.pdf?ver=2020-06-19-130837-917). Accessed 3 Mar 2021.
4. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in psychiatry. ACGME. 2020. [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/400\\_Psychiatry\\_2020.pdf?ver=2020-06-19-123110-817](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/400_Psychiatry_2020.pdf?ver=2020-06-19-123110-817). Accessed 3 Mar 2021.

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