

**The EPA Survey on Digitalization: *status quo* and expectations of telepsychiatry in the member states of the European Psychiatric Association**



36 NPA's from 35 european countries

**Austria**

**Azerbaijan**

**Belarus**

**Belgium (x2)**

**Bosnia and Herzegovina**

**Bulgaria**

**Croatia**

**Czechia**

**Denmark**

**Estonia**

**Finland**

**France**

**Georgia**

**Germany**

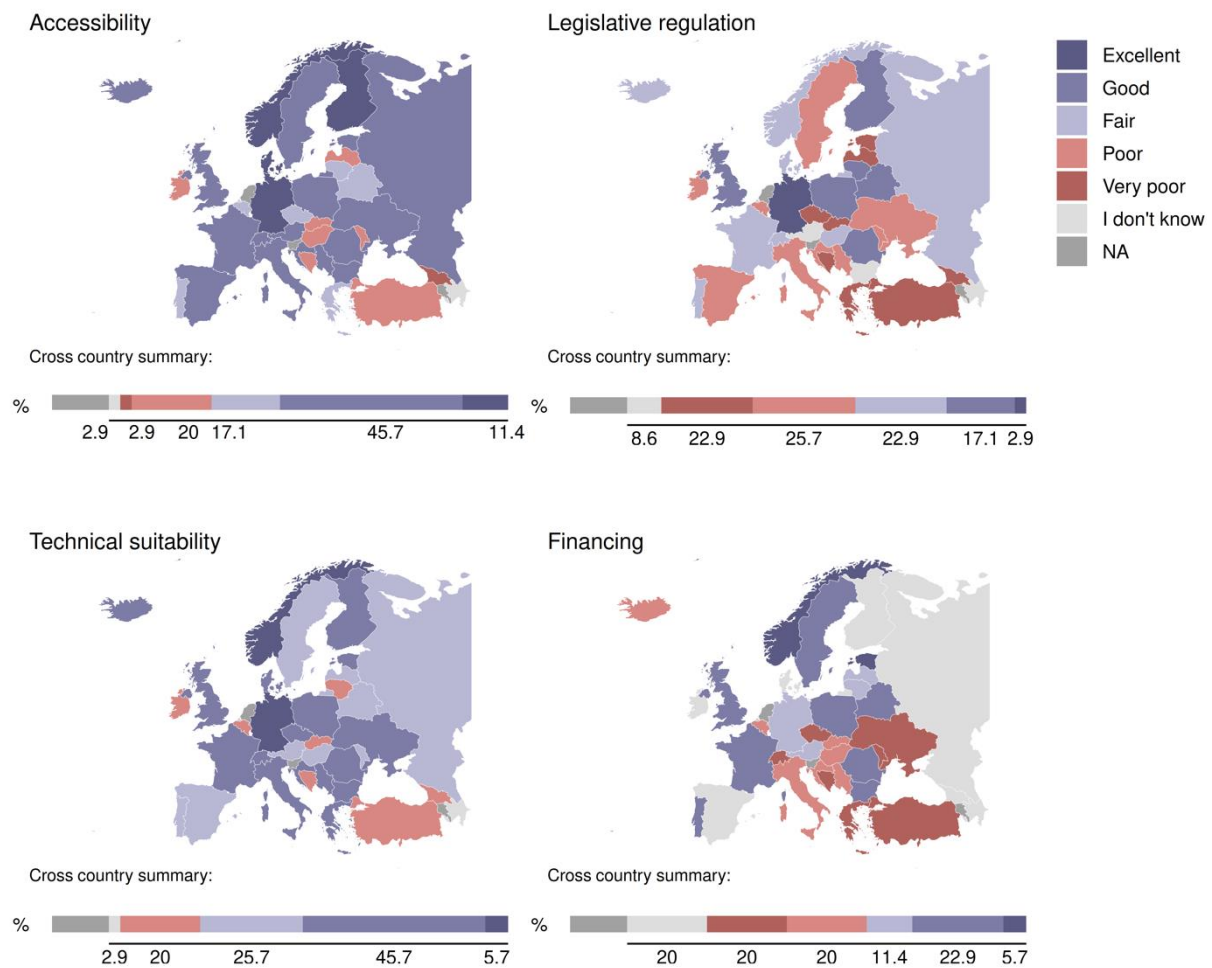
**Greece**

**Hungary**  
**Iceland**  
**Ireland**  
**Italy**  
**Latvia**  
**Lithuania**  
**Moldova**  
**Norway**  
**Poland**  
**Portugal**  
**Romania**  
**Russia**  
**Serbia**  
**Slovakia**  
**Spain**  
**Sweden**  
**Switzerland**  
**Turkey**  
**Ukraine**  
**United Kingdom**

The survey consisted of multiple-choice, ordinal, and free-text questions. We have received data from 35 of the 44 invited countries. Respondents had a median work experience of 30 years (MAD: 10.38; range: 9-45), were predominantly male (65.71%) and mostly worked either in a university hospital (45.71%) or in a public hospital (34.29%).

When asked about the *status quo* of telepsychiatry, respondents estimated that in the month prior to the survey 15% of mental health services were provided remotely (median value), but there was a significant variation across the continent (MAD: 14.83, range: 0-90) (*Supplementary Figure S1*). In general, respondents were satisfied with the accessibility and technical suitability of telepsychiatry for psychiatrists (57.14% and 51.43% rated it excellent and good, respectively; *Figure 1*), but not with the rate of financial reimbursement (28.57% excellent or good vs. 40% poor and very poor, although for the latter question 20% could not provide an answer, *Figure 1*). Furthermore, the legislative regulation was also considered as unsatisfactory (20% excellent or good vs. 48.57% poor and very poor). This is not surprising, given that although during the Covid-19 pandemic the number of countries with regulation has been doubled (from 11 to 22), still 37.14% of the respondents suggested, that at the beginning of 2022 no legislative regulation was in place in their respective countries (*Supplementary Figure S2*). Consequently, remote psychiatric appointments were not part of standard care in 51.43% of the countries and 25.71% believed that this will not change over the next year. In countries where telepsychiatry has already been established, it was mostly for follow-up appointments (48.57%), followed by psychotherapy (34.29%), and collecting information from bystanders on the patient or for standardized psychiatric interview (both 20%) (*Supplementary Figure S3*).

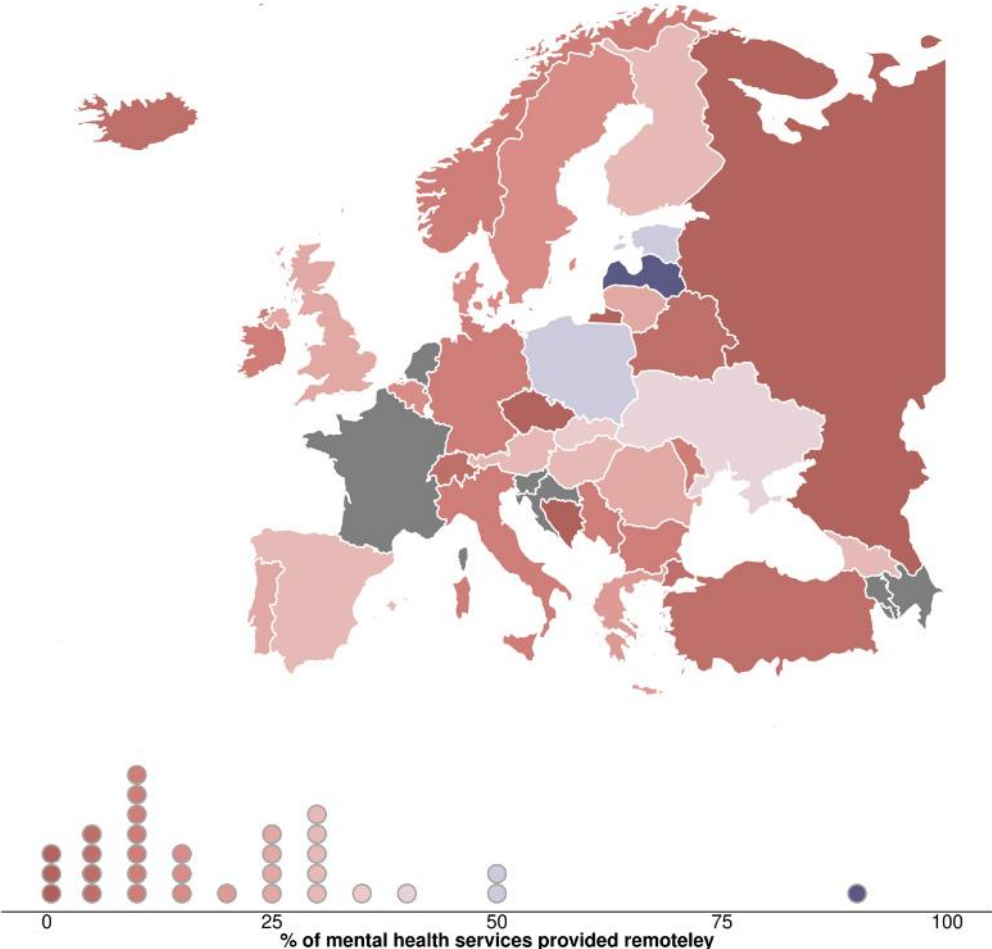
**Figure 1.** Status quo of accessibility, technical suitability, and legislative and financial regulation of telepsychiatry in the member states of the European Psychiatric Association



There was a great agreement across the respondents about the potential disadvantages of synchronous telemedical appointments. They were concerned that the quality of communication and assessment might suffer due to the limited possibility to assess the facial and body expression (80%) or other non-verbal channels of communication (85.71%), and that the lack of technical competence and in general, technical issues might influence therapy (71.43% and 82.86%, respectively). Security and safety were also a major concern, including the inability to conduct somatic and neurological examinations (85.71%), difficulties in helping in case of an emergency (68.57%), and the limited possibility to identify a patient (31.43%) (*Supplementary Figure S4*). Accordingly, most respondents would not recommend using telepsychiatry for a first-time appointment (60%), group psychotherapy (37.14%), and a psychological assessment (22.86%), situations in which the patient is not yet known and/or non-verbal communication might be more important (*Supplementary Figure S3*).

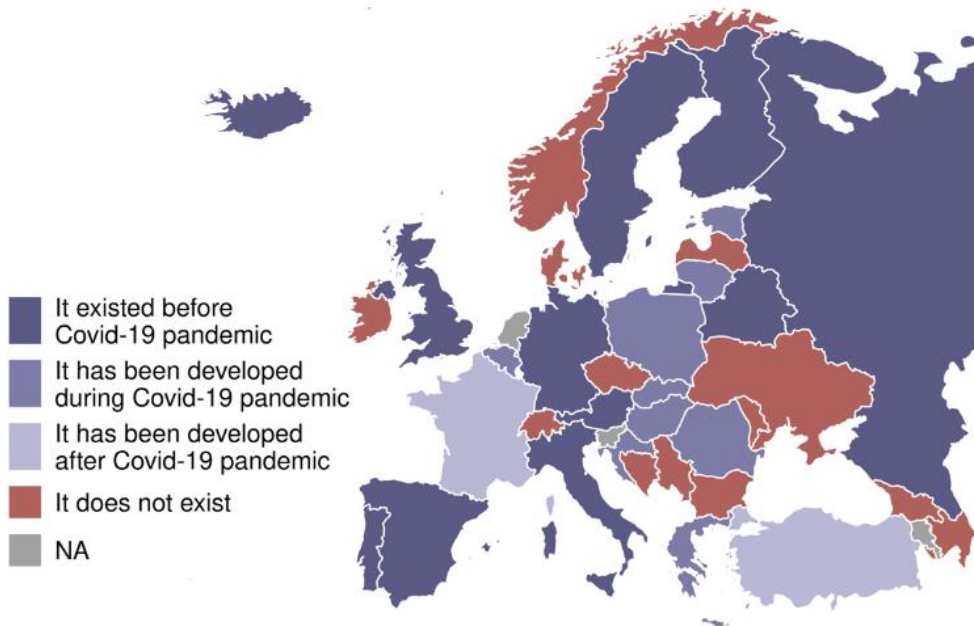
**Supplementary Figure S1:** Proportion of mental health services provided remotely in the member states of the European Psychiatric Association as of May 2022

**Status quo of telepsychiatry**

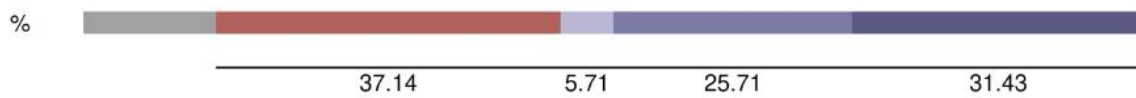


**Supplementary Figure S2:** Existence of a legislative framework for telepsychiatry in the member states of the European Psychiatric Association as of May 2022

Legislation exists

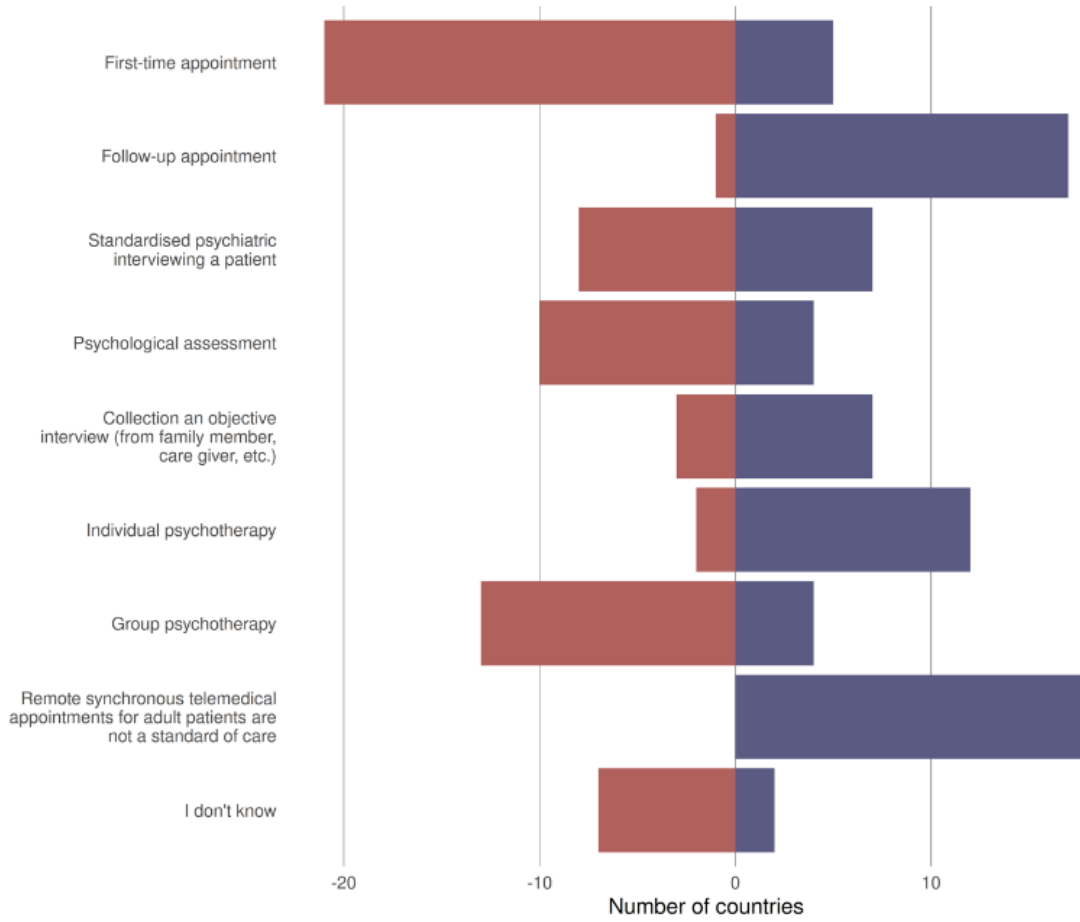


Cross country summary:



**Supplementary Figure S3:** Telepsychiatry as standard of care: status quo and contra-indications

Current standard vs seen as **contraindicated** for synchronous telemedical services



**Supplementary Figure S4: Agreement to advantages and disadvantages of telepsychiatry**

Values given as % out of 35 responding countries

