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BRIEF COMMUNICATION

Prisoners' perceptions and satisfaction with telepsychiatry services in Greece

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ABSTRACT

Telepsychiatry is an effective tool to support and provide mental health services to prison inmates. In Greece, telepsychiatry was formally applied in two correctional facilities in 2018. The objective of this study was to compare inmates' perceptions and satisfaction with telepsychiatry versus face-to-face consultation. The sample consisted of 100 male inmates with a multicultural background and prior experience with both methods of services provision. The data were obtained through a Demographic Data Questionnaire, a Participant Satisfaction Questionnaire to assess satisfaction with face-to-face psychiatric services, and another Participant Satisfaction Questionnaire to assess satisfaction with telepsychiatric services. The results have shown a higher level of satisfaction with telepsychiatry compared to face-to-face care. Statistically significant improvements (all p-values <0.001) were noted in: waiting times, support for relapse prevention, follow up, quality of mental health care, quality of care in the management of psychiatric problems and related medication, behaviour of psychiatrists, duration of the assessment, sense of comfort, and confidentiality. Telepsychiatry has proved to be an acceptable way of approaching and supporting inmates in Greece, with most of the participants expressing high acceptance, satisfaction, and preference rates. Implications for additional research and further development of telepsychiatry are discussed.

KEYWORDS: Telepsychiatry, forensic psychiatry, correctional facilities, inmates, acceptance, satisfaction.

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Introduction

Individuals serving a prison sentence represent a particularly vulnerable social group experiencing high prevalence rates of mental health and substance use disorders. Moreover, these people are further affected due to comorbid psychiatric and substance use disorders.¹⁻⁵ It should be noted that these disorders often remain undiagnosed and untreated in correctional settings.^{6,7}

Telepsychiatry is a promising method to address the lack of psychiatric care in correctional facilities. This practice is considered by several researchers as a most relevant, effective, and useful method to help inmates experiencing access problems to specialised psychiatric care.^{2,8-16}

In Greece, telepsychiatry as a method to meet the psychiatric care needs of prisoners was introduced in 2018 on a trial basis in four correctional facilities.

The aim of this study is to explore the experiences and level of satisfaction among prisoners in correctional facilities in Greece, with regards to mental health services in the form of telepsychiatry versus conventional face-to-face care.

Material and Method

Study area

The study was conducted from September 2020 to February 2021 in Malandrino and Trikala correctional facilities. These facilities launched telepsychiatry services by way of interconnection with the Forensic Psychiatry Unit of the Second Psychiatric Clinic, National and Kapodistrian University of Athens (EKPA), Attikon Hospital.

Measurement Instruments

Three questionnaires were distributed and completed via interviews with the participants. Specifically: A) Demographic Data Questionnaire, B) Participant Satisfaction Questionnaire (PSQ:30 items) to assess satisfaction with face-to-face psychiatric services, and C) Participant Satisfaction Questionnaire (PSQ: 38 items) to assess satisfaction with telepsychiatric services. The construction of the two latter questionnaires was based on an existing questionnaire developed by the Ministry of Health aiming to measure patient satisfaction with services delivered in Greek NHS hospitals. Prior to their use, these questionnaires were modified and adapted to reflect the framework of the correctional facilities. To establish the usefulness and validity of the questionnaires, a pilot study was conducted with the participation of 10 inmates.

Sample

The sample of this study consisted of 100 prisoners who were users of mental health services in the two aforementioned correctional facilities.

Procedure and Ethical Issues

Participation was voluntary and anonymous. Participants were informed about the aims of the study to ensure and informed consent was obtained in writing from all participants involved in the study. This study adhered to all ethical guidelines of the institution to which the researcher belongs.

Statistical methods

Quantitative variables were summarized using median values and interquartile ranges (IQR) whereas for qualitative ones, absolute (N) and relative (%) frequencies were used. Boxplots

were used to visualize the distribution of the variable, representing the overall evaluation of psychiatric assessment by the study participants (0-10 scale).

Each item of PSQ was scored on a 5-point Likert scale (1: Very bad, 2: Rather bad, 3: Neither good nor bad, 4: Rather good, and 5: Very good) along with the respective 95% confidence intervals of the mean. The above are given separately for the periods before and after the introduction of telepsychiatry.

Results from mixed-effects ordinal logistic regression are presented as odds ratios (OR) for more positive answers after the introduction of telepsychiatry. OR greater than 1 indicate improvement after the introduction of telepsychiatry, and vice versa. Results from quantile regression models are presented as estimated differences in median values after the introduction of telepsychiatry.

Data were managed and analyzed using the statistical software Stata version 18 (Stata Corp., TX, USA). P-values with values less than 0.05 were considered to indicate statistical significance.

Results

The sociodemographic characteristics of participants are summarized in Table 1.

Participants' overall perception of the psychiatric assessment process was average for the pre-telepsychiatry period (median 5, IQR 4-6), but increased significantly ($p < 0.001$) by 3 units (95% CI: 1.9-4.1) after the introduction of telepsychiatry, with the corresponding median (IQR) values being 8 (7-9) on the 0-10 scale. The time gap between requesting to see a psychiatrist and the actual psychiatric assessment declined significantly ($p < 0.001$) after the introduction of telepsychiatry, from a median (IQR) of 20 (15-22.5) to 9 (5-10) days. Regarding the remaining questions summarized in Table 2, more positive responses increased significantly after the introduction of telepsychiatry. Responses to these questions are also presented in Table 2 (see also Figure S1 in Supplementary Material).

The greatest improvements were observed for questions related to waiting time for the appointment, relapse prevention, follow-up, and scheduled appointment time keeping. The estimated OR for a more positive response after the introduction of telepsychiatry in these questions were all above 10. It is also noteworthy that results indicate substantial improvements in the quality of care, in the management of psychiatric problems and related medication, as well as the behavior of psychiatrists (OR between 6.4 and 8.8). Participants were also significantly more satisfied in terms of the duration of the assessment, feeling comfortable when expressing their problems, confidentiality, and the transfer process inside the correctional facilities. (OR between 2.4 and 5.3).

Participants' opinions regarding ease of use of telematics equipment, quality of audio and quality of video were positive in the vast majority. Additionally, most of them replied that they would prefer the use of telepsychiatry in the future (69% replied "definitely yes" and 23% "probably yes").

The ethnicity of the participants was significantly associated with their overall evaluation of psychiatric assessment. However, the introduction of telepsychiatry resulted in a better overall evaluation of the psychiatric assessment in all ethnic groups, including those from Asian or North African countries, without significant differences in the magnitude of changes between ethnic groups (interaction $p = 0.417$). The corresponding results are summarized in Table S1 and graphically presented in Figure S2 (Supplementary Material).

Overall evaluation of psychiatric assessment for pre- or post-telepsychiatry was not significantly associated with age ($p > 0.999$), educational background ($p = 0.254$), marital status ($p = 0.751$), crime type ($p > 0.999$) or the existence of previous imprisonments ($p = 0.325$).

A similar pattern was observed for participants sentenced for non-violent crimes and the questions related to the expression of their problems, the feeling of comfort when expressing

their problems, and the management of their problems. This subgroup had significantly (all p -values <0.01) more positive answers in the period before the introduction of telepsychiatry compared to the subgroup of those sentenced for violent crimes. However, the latter group benefited more from the introduction of telepsychiatry; thus differences between the two groups in the telepsychiatry period diminished and became statistically non-significant (all $p>0.2$).

Discussion

The aim of this study was a comparative analysis of the factors linked to the satisfaction of individuals serving a prison sentence with regards to face-to-face mental health services and telepsychiatry services.

Based on our results, the comparison of overall satisfaction with the two methods of psychiatric care services showed a significant lead for telepsychiatry.

In terms of sub-factors, a key element of reference was the waiting time for an appointment that recorded a significant decrease in our sample, namely from 20 to 9 days. This shared common ground with various studies^{2,9-18} which point to the fact that telepsychiatry increases specialist accessibility while improving waiting time for psychiatric assessment.

Regarding factors linked to the quality of psychiatric care delivered to participants, the management of their medication, and relapse prevention, our sample has demonstrated substantial improvements as a result of telepsychiatry. In particular, in terms of medication management, our finding is consistent with Deslich et al,¹⁸ while Farabee et al¹⁹ fail to confirm this finding.

When it comes to feeling more comfortable when discussing their problems, the therapeutic relationship, and confidentiality, participants showed satisfaction levels confirming previous studies.^{18,20} However, previous studies found no significant differences between the two methods in terms of working alliance, post-session mood, or overall satisfaction.^{19,21}

Confidentiality associated with information dissemination when using telepsychiatry is a major issue in correctional settings.^{13,16,22}

According to existing studies,^{11-13,23,24} low levels of confidentiality in correctional settings are mainly due to the presence of a staff member during the psychological assessment for security reasons. Our findings are supported by Deslich et al¹⁸ and Serhal et al,²⁵ who pointed out that privacy is not in danger thanks to the use of safe software and that this is a source of concern, especially among younger people.¹⁸

In our sample, participants declared they were very satisfied with the user-friendly telematics equipment in combination with separate items such as audio and visual quality. These items occupy an important place in the satisfaction expressed by participants and contribute to its overall manifestation.²⁶⁻³⁰

A finding of particular importance was linked to the differences among prisoners with a history of violent crimes and those with a history of non-violent crimes. It was found that the former has benefited more from this method and has felt more comfortable when expressing themselves, while also highlighting their need for more sessions and the wider use of this method to include additional services.

Finally, it should be noted that the vast majority of participants in our sample (69% "definitely yes") indicated they would recommend telepsychiatry to fellow inmates and expressed their desire to continue to receive telepsychiatry services.

The findings in the study have produced evidence from the introduction of telepsychiatry in correctional facilities about acceptability and satisfaction with telepsychiatry. Though there were sample nuances in the findings, the prisoners' overall satisfaction highlights the need to

expand telepsychiatry in an effort to meet the needs of this vulnerable population group of prisoners. The findings may also be used as a strong encouragement for policymakers to bridge the gap between psychiatric care supply and demand for prisoners. This is in line with international standards and human rights regarding the dignity and equality of services offered to the prison population, ensuring equal value and status for prisoners with mental illness.

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Table 1. Demographic characteristics and sentences of study participants (N=100)

Variable	Overall
Sex (Male)	100 (100.00%)
Age - Median (IQR)	38.0 (30.0, 44.0)
Origin	
Greece	59 (59.00%)
N. Africa / Asia	28 (28.00%)
Eastern Europe	13 (13.00%)
Education level	
Graduate of Primary School	38 (38.00%)
High school (gymnasium) graduate	17 (17.00%)
High School (lyceum) graduate	4 (4.00%)
Graduate of Higher Education	1 (1.00%)
Illiterate	40 (40.00%)
Type of offense	
Violent	32 (32.00%)
Non-violent	60 (60.00%)
Non-response	8 (8.00%)
Years of sentence - Median (IQR)	15.0 (10.0, 20.0)
First time serving a sentence	
Yes	24 (24.00%)
No	55 (55.00%)
I do not answer	18 (18.00%)
Defendant	3 (3.00%)
If not, how many times have you served a sentence - Median (IQR)	2.0 (2.0, 4.0)

Table 2. Degree of satisfaction and acceptance. Figures are Median (IQR) for quantitative variables and N (%) of positive responses (rather good or very good) for qualitative variables. Estimated effect sizes are differences in median values (quantitative variables – median regression) or Odds Ratios for more positive responses (qualitative variables - ordinal logistic regression using the full 1-5 scale of responses) after the introduction of telepsychiatry.

Variable	Pre	Post	Estimated effect size (95% CI)	p
Time gap (days)	20.0 (15.0, 22.5)	9.0 (5.0, 10.0)	-11.0 (-13.6, -8.4)	<0.001
Waiting time for the appointment	10 (10.00%)	62 (62.00%)	26.7 (13.1, 54.2)	<0.001
Adherence to the scheduled appointment time	28 (28.00%)	77 (77.00%)	10.4 (5.6, 19.4)	<0.001
Exam time	16 (16.00%)	42 (42.00%)	5.3 (3.1, 9.3)	<0.001
Expressing your problem	22 (22.00%)	48 (48.00%)	4.8 (2.6, 8.9)	<0.001

Comfort for problem expression	22 (22.00%)	46 (46.00%)	4.5 (2.5, 8.2)	<0.001
Diagnosis Medication recommendation / management	20 (20.00%)	61 (61.00%)	6.8 (3.5, 13.3)	<0.001
Managing your psychiatric problems	21 (21.00%)	56 (56.00%)	6.7 (3.6, 12.4)	<0.001
Follow up	17 (17.00%)	60 (60.00%)	7.5 (4.1, 13.6)	<0.001
Relapse Prevention	18 (18.00%)	67 (67.00%)	13.3 (7.1, 24.8)	<0.001
Confidentiality	14 (14.00%)	67 (67.00%)	15.9 (8.2, 30.7)	<0.001
Quality of medical / psychiatric care	47 (47.00%)	59 (59.00%)	3.0 (1.6, 5.5)	0.001
Behavior of psychiatrists	21 (21.00%)	68 (68.00%)	8.8 (4.4, 17.6)	<0.001
Complete and understandable information	24 (24.00%)	63 (63.00%)	6.4 (3.4, 12.4)	<0.001
Response of health professionals	21 (21.00%)	47 (47.00%)	3.9 (2.2, 7.0)	<0.001
Quality of care of health professionals	68 (68.00%)	70 (70.00%)	1.8 (1.0, 3.4)	0.051
Behavior of health professionals	68 (68.00%)	68 (68.00%)	1.6 (0.9, 2.8)	0.109
Transfer process	65 (65.00%)	67 (67.00%)	1.7 (1.0, 3.1)	0.058
Overall assessment of psychiatric examination	59 (59.00%)	72 (72.00%)	2.4 (1.3, 4.3)	0.004
	5.0 (4.0, 6.0)	8.0 (7.0, 9.0)	3.0 (1.9, 4.1)	<0.001

ΣΥΝΤΟΜΟ ΑΡΘΡΟ

Οι αντιλήψεις και η ικανοποίηση των κρατούμενων από τις τηλεψυχιατρικές υπηρεσίες στην Ελλάδα

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ΙΣΤΟΡΙΚΟ ΑΡΘΡΟΥ: Παραλήφθηκε 26 Φεβρουαρίου 2024 / Αναθεωρήθηκε 26 Μαρτίου 2024 / Δημοσιεύθηκε Διαδικτυακά 29 Μαΐου 2024

ΠΕΡΙΛΗΨΗ

Η τηλεψυχιατρική είναι ένας αποτελεσματικός τρόπος υποστήριξης και παροχής υπηρεσιών ψυχικής υγείας σε κρατούμενους φυλακών σε όλο τον κόσμο. Στην Ελλάδα, η τηλεψυχιατρική εφαρμόστηκε επίσημα σε δύο σωφρονιστικά ιδρύματα το 2018. Ο στόχος αυτής της μελέτης ήταν να συγκρίνει τις αντιλήψεις και την ικανοποίηση των κρατούμενων από την τηλεψυχιατρική έναντι της διαβούλευσης πρόσωπο με πρόσωπο. Το δείγμα αποτελούνταν από 100 άρρενες κρατούμενους που είχαν εμπειρία και από τις δύο μεθόδους παροχής υπηρεσιών. Τα δεδομένα λήφθηκαν μέσω ενός ερωτηματολογίου δημογραφικών στοιχείων, ενός ερωτηματολογίου ικανοποίησης συμμετεχόντων για την αξιολόγηση της ικανοποίησης από τις δια ζώσης ψυχιατρικές υπηρεσίες και ενός ερωτηματολογίου ικανοποίησης συμμετεχόντων για την αξιολόγηση της ικανοποίησής τους από τις υπηρεσίες που προσφέρονται μέσω τηλεψυχιατρικής. Τα αποτελέσματα έδειξαν υψηλότερο επίπεδο ικανοποίησης από την τηλεψυχιατρική σε σύγκριση με τη φροντίδα πρόσωπο με πρόσωπο. Στατιστικά σημαντικές βελτιώσεις (όλες οι τιμές $p < 0,001$) σημειώθηκαν σε: χρόνους αναμονής, υποστήριξη για πρόληψη υποτροπής, παρακολούθηση, ποιότητα φροντίδας ψυχικής υγείας, ποιότητα φροντίδας στη διαχείριση ψυχιατρικών προβλημάτων και συναφή φαρμακευτική αγωγή, συμπεριφορά ψυχιάτρων, διάρκεια της αξιολόγησης, αίσθηση άνεσης και εμπιστευτικότητας. Η τηλεψυχιατρική έχει αποδειχθεί ένας αποδοκτός τρόπος προσέγγισης και υποστήριξης κρατούμενων και στην Ελλάδα, με τους περισσότερους από τους συμμετέχοντες να εκφράζουν υψηλά ποσοστά αποδοχής, ικανοποίησης και προτίμησης. Συζητούνται οι επιπτώσεις για πρόσθετη έρευνα και περαιτέρω ανάπτυξη της τηλεψυχιατρικής.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ Τηλεψυχιατρική, ιατροδικαστική ψυχιατρική, σωφρονιστικά ιδρύματα, τρόφιμοι, αποδοχή, ικανοποίηση.

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