



Psychiatrists' Experiences in Managing Medications *via* Online Platforms during the COVID-19 Pandemic in Iran: A Qualitative Study

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Abstract

Background: The COVID-19 pandemic disrupted traditional psychiatric practices that depend on face-to-face interactions. Patients with psychiatric disorders often have higher rates of other health issues, which worsen their outcomes when infected with COVID-19. This underscores the need for timely diagnosis and treatment, as well as accessible psychiatric services, especially considering the possibility of future pandemics.

Methods: A qualitative study conducted in 2024 involved selected psychiatry faculty members from Tehran's psychiatry departments, who were experienced in online consultations. Semi-structured interviews continued until data saturation was reached. Interviews were recorded, transcribed, and analyzed using qualitative content analysis (Graneheim and Lundman approach). Ethical considerations and informed consent were ensured.

Results: The study involved 14 faculty members from the Psychiatry Department of Iran University of Medical Sciences. Their experiences with telepsychiatry consultations in medication management were examined. Among the participants, four were women and 10 were men. Data analysis using conventional content analysis produced 7 main themes and 13 subcategories. The main themes included advantages of telepsychiatry, challenges of telepsychiatry, impact on doctor-patient relationships, effects on diagnosis and treatment, job satisfaction of psychiatrists, ethical and privacy concerns, and training and preparedness of psychiatrists.

Conclusion: Telepsychiatry can improve access to mental health care. This study offers insights for policymakers and healthcare leaders on the practicality and infrastructure needed for widespread telepsychiatry adoption, especially in future crises. Adopting telepsychiatry can enhance community mental health and ensure reliable access to psychiatric services.

Keywords: COVID-19 pandemic, Medication management, Telepsychiatry

Introduction

The COVID-19 pandemic has profoundly transformed healthcare delivery across various medical fields, with psychiatry being no exception. As the pandemic unfolded, healthcare systems faced unprecedented challenges, necessitating a rapid shift to telehealth and online consultation methods to ensure continuity of care for patients with psychiatric disorders. This transition was particularly critical given the unique vulnerabilities of psychiatric patients, who often experience heightened levels of anxiety, depression, and other mental health issues during crises (1,2). The pandemic exacerbated existing mental health conditions and introduced new stressors, complicating the management of psychiatric patients and highlighting the need for effective medication management in this context (3,4).

As traditional in-person consultations became increasingly challenging due to social distancing measures and health risks, telepsychiatry emerged as a vital alternative for maintaining continuity of care for patients with mental health disorders. Existing research indicates that telepsychiatry can be effective in delivering psychiatric services, with studies highlighting its potential to improve access to care and enhance patient satisfaction (5). However, the transition to online methods has not been without its challenges, particularly in the context of medication management, where the nuances of patient interactions and assessments may be compromised (6).

Prior to the pandemic, medication management in psychiatry relied heavily on face-to-face consultations, allowing for comprehensive evaluations of patient needs and medication adherence. The shift to telehealth has altered these traditional practices, necessitating adaptations in how psychiatrists engage with patients regarding their medications (7). While some studies have documented the effectiveness of telepsychiatry, there remains a gap in the literature specifically addressing psychiatrists' experiences with these online methods, particularly concerning the perceived advantages and challenges they encounter in managing patient medications during the pandemic (8).

Research has indicated that while telepsychiatry offers several advantages, such as increased convenience and accessibility, it also presents unique challenges. Psychiatrists have reported difficulties in establishing

rapport with patients, assessing medication adherence, and navigating the nuances of medication management without face-to-face interactions (9).

The mentioned challenges raise important questions about how psychiatrists' experiences with online methods have informed their practice and patient interactions during the pandemic. Capturing firsthand insights from psychiatrists is essential for identifying both the benefits and limitations of telepsychiatry in medication management, thereby contributing to the broader understanding of its role in mental health care (10).

The objectives of this study are twofold: first, to evaluate psychiatrists' perceptions of the effectiveness of online methods in medication management, and second, to identify the challenges they have encountered while utilizing these methods. By exploring these dimensions, the research aims to provide valuable insights into how telepsychiatry has influenced psychiatric practice during the pandemic and beyond.

Materials and Methods

Design

This qualitative study aimed to explore the meanings and interpretations of psychiatrists' experiences managing patient medications through online methods during the COVID-19 pandemic.

Participants

Purposeful sampling was used to select the participants until data saturation was achieved. The study focused on faculty members of the Department of Psychiatry from Iran University of Medical Sciences, Tehran, Iran. The participants were required to have at least six months of experience in managing patients through online (video or non-video) or telephone consultations during the pandemic.

To address limitations from a small sample size, additional faculty members from Tehran's psychiatry departments, including Tehran University of Medical Sciences, Shahid Beheshti University of Medical Sciences, and the University of Welfare and Rehabilitation Sciences, were considered for recruitment. However, data saturation was reached with the initial group, thus no further participants were needed. Psychiatrists who practiced only

non-pharmacological treatments were excluded from the study.

Data collection

In-depth, semi-structured interviews were conducted to explore participants' experiences, using an interview guide with set questions and topics. While the guide provided structure, the interviewer remained flexible to explore unexpected themes during the discussions. To reduce bias and encourage honest responses, the interviewer avoided leading questions.

Interviews took place at the Iran Psychiatric Center and Rasoul Akram Hospital, chosen for their accessibility and privacy to ensure a distraction-free environment. The participants provided demographic information, including names, academic ranks, and experience with online consultations, at the start of the session. The primary focus of the questions was on psychiatrists' attitudes toward usage of, and barriers to telepsychiatry. The order of questions varied based on the participants' responses, encouraging detailed information sharing and rapport building between the interviewer and participants.

To improve interview skills, the supervising professor conducted initial practice sessions with the psychiatric assistant before they conducted independent interviews. Each conversation lasted between 45 and 60 minutes, continuing until data saturation was reached. All the interviews were audio-recorded, transcribed word for word, and analyzed using qualitative content analysis. Informed consent and confidentiality regarding personal information were maintained throughout the process.

The initial questions that formed the main body of the interview focused on exploring various aspects of online psychiatric consultations. The participants were asked to reflect on their experiences with online consultations, comparing them to in-person visits, and their ability to establish therapeutic relationships with patients. They were also asked about the challenges they encountered in diagnosing and prescribing medication during online consultations, as well as documenting patient records. Additionally, the questions sought to understand the reception of online consultations by patients and how these experiences have shaped the overall effectiveness of remote psychiatric services.

Sample size calculation method

In this qualitative study, sample size determination was not pre-set. Faculty members from Iran psychiatric center, specifically those with assistant, associate, or full professor ranks, were invited to participate based on expert opinion. Interviews were held until data saturation was achieved, defined as the point where no new codes or themes emerged.

To track progress toward saturation, data were analyzed after every three interviews. The process continued until the last three interviews revealed no new codes or subcategories.

Data analysis

Qualitative data analysis in this study used the conventional content analysis method developed by Graneheim and Lundman. This approach systematically describes the main content of communication while interpreting underlying meanings, addressing both manifest (explicit) and latent (implicit) aspects of the data.

The analysis included several key steps aligned with the research questions, focusing on the interviews and documented events as the unit of analysis. Text segments were summarized and coded, with initial codes derived from essential and meaningful units of analysis. These codes could reflect either the participants' exact statements or the researcher's interpretations. The initial codes were then organized into subcategories based on the similarities and differences, ultimately refining them into abstract categories representing core concepts.

- The analysis followed a five-step process, including:
 - Transcription: converting audio recordings into written text.
 - Familiarization: gaining a deep understanding of the data.
 - Code development: identifying and developing codes from the text.
 - Comparison and categorization: comparing codes and categorizing them accordingly.
 - Final review and abstract conceptualization: reviewing the categories to distill abstract concepts.
- Feedback from team members during later interviews helped identify and resolve ambiguities, ensuring clarity in the placement of codes within each category.

Table 1. Summary of the main themes and subthemes

Category	Subcategory	Key insights
Benefits of telepsychiatry	- Geographic accessibility - Time flexibility	Telepsychiatry improves access for patients in remote areas, reducing travel needs Telepsychiatry increases scheduling flexibility for both patients and psychiatrists, enhancing efficiency
Challenges of telepsychiatry	- Technical and infrastructure issues - Limitations in clinical assessment	Challenges with internet connectivity, software usability, and patient equipment affect consultations Lack of physical presence makes it harder to assess patients' emotional and psychological states
Impact on doctor-patient relationship	Trust and communication	Reduced non-verbal interaction and privacy concerns affect trust and communication quality
Impact on diagnosis and treatment	- Diagnostic limitations - Follow-up and treatment management	Online consultations reduce observational capabilities, leading to potential misdiagnoses Telemedicine enhances treatment continuity but can present communication challenges in monitoring progress
Job satisfaction of psychiatrists	- Work-life balance - Challenges of occupational burnout	Remote consultations help psychiatrists achieve better work-life balance through flexible scheduling Remote consultations can lead to increased workload and stress if not managed properly
Ethical and privacy issues	- Data security - Informed consent	Concerns about data security, including risks of cyber-attacks and inadequate patient awareness Ensuring full patient understanding and consent is crucial, especially in a digital setting
Training and preparedness of psychiatrists	- The need for new training - Experience and technical skills	Psychiatrists need ongoing training to use telemedicine effectively and maintain patient care standards Technological proficiency helps psychiatrists overcome remote consultation challenges and improves patient outcomes

Category 1. benefits of telepsychiatry.

Ethical considerations

All the participants received detailed information about the research process, and the voluntary nature of participation was emphasized. No interventions were conducted in this study, and the participants provided informed consent before joining. Individual data and demographic information remained confidential, with only aggregate findings reported in line with the study's objectives. Consent for audio recording participants' spoken words was obtained, and audio files were stored securely with plans to remove them after analysis was complete (Ethic code: IR.IUMS.FMD.REC. 1401.233).

Results

In this study, 14 faculty members from the Psychiatry Department of Iran University of Medical Sciences

participated in a study exploring their experiences with remote psychiatric consultations. The participants consisted of 10 men and 4 women. Using conventional content analysis, 7 main themes and 13 subcategories were identified, highlighting both the benefits and challenges of telepsychiatry.

To provide a more comprehensive analysis of psychiatrists' experiences in remote psychiatric consultations, this section examines the categories and subcategories in greater detail with thorough explanations.

Benefits of telepsychiatry

Geographic accessibility: Telepsychiatry significantly improved access to psychiatric care for patients in remote or underserved areas, allowing

them to avoid long, costly travel. For instance, one psychiatrist shared their experience of providing care to patients in a mountainous region where no psychiatrists were previously available, enabling these patients to attend regular psychiatric consultations without leaving their homes. Another psychiatrist mentioned providing services to international patients who previously could only visit during certain seasons, but now they could engage in regular consultations remotely. This not only increased access for patients in rural areas but also expanded the psychiatrist's patient base from provinces like Khorasan, Bushehr, and Kurdistan.

Time flexibility

Telepsychiatry allowed for more flexible scheduling of sessions, reducing appointment cancellations and improving efficiency for both patients and psychiatrists. One psychiatrist explained that the flexibility in scheduling enabled them to see more patients in a single day, increasing their efficiency. Another mentioned a significant reduction in cancellations, with patients more likely to attend sessions due to the convenience of consulting from home or during daily activities. This flexibility contributed to a positive work environment for psychiatrists, enhancing their job satisfaction.

Challenges of telepsychiatry

Technical and infrastructure issues: The participants identified several technical challenges, including unreliable internet connections, software glitches, and inadequate patient equipment. A psychiatrist reported experiencing frequent disruptions due to patients' poor internet connections, which resulted in interrupted sessions. Another highlighted the challenge of using various software platforms that sometimes had compatibility issues, making it difficult for patients to connect seamlessly. Moreover, some patients used outdated devices, leading to poor audio and video quality, which negatively impacted communication. These technical issues highlighted the need for improvements in technology to ensure smooth consultations.

Limitations in clinical assessment

The lack of physical presence in remote consultations

made accurate clinical assessment difficult. Psychiatrists noted that non-verbal cues, such as body language and facial expressions, which are critical in psychiatric evaluations, were often lost during online consultations. For instance, one psychiatrist mentioned that during in-person visits, they could easily assess subtle changes in a patient's condition through body language, but these cues were difficult to observe in virtual consultations. Another psychiatrist remarked that patients' emotions might manifest differently online, making it challenging to evaluate their psychological state accurately.

Impact on the doctor-patient relationship

Trust and communication: Telepsychiatry can affect the trust and quality of communication between doctor and patient. For instance, one psychiatrist explained that reduced non-verbal interactions during online consultations created a sense of physical distance, which could lead to decreased trust from patients, as they may feel that their doctor does not fully understand their situation. Another psychiatrist shared their experience of how they maintained trust by creating a calm and secure virtual environment for their patients, reassuring them about confidentiality. The use of personal history to establish rapport was also mentioned, with one psychiatrist explaining that recalling details from previous sessions helped reinforce the sense that patients were being heard and valued.

Impact on diagnosis and treatment

Diagnostic limitations: Psychiatrists raised concerns about the diagnostic limitations of telepsychiatry, particularly due to the inability to observe subtle signs like body language and the restriction of physical assessments. One psychiatrist emphasized the difficulty of diagnosing patients accurately when they cannot observe them in their natural environment, as in the case of in-person visits. The consensus among psychiatrists was that there was a need for complementary diagnostic tools that could be effectively utilized in an online setting to support more accurate diagnoses.

Follow-up and treatment management

Telepsychiatry facilitated easier access to treatment

and improved continuity of care. However, the participants noted challenges in follow-up and treatment monitoring, particularly the difficulty of assessing non-verbal communication. A psychiatrist mentioned using health apps to track patients' symptoms between sessions, which helped in monitoring treatment progress. Despite these advancements, some psychiatrists noted that not all patients were comfortable with digital tools, highlighting the need for diverse approaches to patient follow-up.

Job satisfaction of psychiatrists

Work-life balance: Telepsychiatry had a positive impact on psychiatrists' work-life balance by reducing the need for commuting, providing flexible schedules, and creating a less stressful work environment. A psychiatrist shared that by shifting sessions online, they were able to control their time more effectively, which allowed for a better work-life balance. Several psychiatrists mentioned that conducting sessions from home reduced psychological stress, contributing to an improved quality of life.

Occupational burnout

While telepsychiatry helped reduce stress by eliminating the need for commuting, it also introduced new pressures, including an increased workload. One psychiatrist mentioned that remote consultations created the expectation to see more patients in a shorter amount of time, which led to stress and potential burnout. Other psychiatrists shared strategies they employed to manage workload and avoid burnout, such as scheduling regular breaks and using supportive technologies like scheduling software to better organize their time.

Ethical and privacy issues

Data security: Data security was a major concern for psychiatrists, with some mentioning that certain telemedicine platforms lacked sufficient cybersecurity measures, exposing patient data to potential risks. One psychiatrist noted that they actively educated their patients on securing their personal information by advising them to use secure networks during online sessions. The need for encryption and secure

servers was also emphasized by the participants, with one psychiatrist stating that these technologies were crucial to ensuring patient data protection.

Informed consent

Obtaining informed consent in telepsychiatry was a priority. The participants mentioned implementing various strategies to ensure patients fully understood the telemedicine process. For example, some psychiatrists scheduled pre-consultation educational sessions to explain the process, while others provided patients with written materials outlining what to expect. After sessions, feedback surveys were used to gauge patients' understanding of the process and improve communication.

Training and preparedness of psychiatrists

Need for new training: There was a strong consensus among psychiatrists on the need for ongoing training in telemedicine. For instance, one psychiatrist emphasized the importance of continuous updates on telemedicine technologies, stating that such training allowed them to provide better patient care. Several psychiatrists noted that learning how to use new telehealth platforms was a challenge, and suggested that educational resources like webinars and workshops would be beneficial for improving their skills.

Experience and technical skills

Psychiatrists with more experience in technology were better equipped to manage technical challenges, leading to smoother consultations. One psychiatrist shared their experience of quickly resolving technical issues during a session, which helped prevent disruptions. Another noted that ongoing education and networking with colleagues were crucial for overcoming barriers and improving the overall quality of remote consultations.

Necessity during the COVID-19 pandemic

- **Providing clinical guidance:** The sudden shift to telepsychiatry during the pandemic necessitated the establishment of clear clinical guidance to ensure effective care delivery. Psychiatrists reported the rapid development of telemedicine protocols to address patient needs remotely.

- Necessity of clinical guidelines and training: As the pandemic forced healthcare systems to pivot to remote care, the need for updated guidelines and training became clear. Psychiatrists highlighted the importance of continuous learning to handle new challenges in telemedicine.

- Addressing legal and ethical challenges: With the rise of telepsychiatry, new legal and ethical considerations emerged, including patient privacy, informed consent, and cross-border regulations for telemedicine. Psychiatrists experienced challenges in maintaining confidentiality and ensuring the ethical delivery of care.

Benefits of telepsychiatry

For inaccessible locations: Telepsychiatry has proven particularly beneficial for individuals in remote areas, prisons, or those with mobility issues. One psychiatrist shared how they were able to reach previously underserved patients in distant rural regions and international patients who could not travel to Iran for in-person visits.

For individuals with physical disabilities

Remote consultations allowed patients with physical disabilities, who had difficulty traveling to medical centers, to receive psychiatric care from the comfort of their homes. One psychiatrist shared how telepsychiatry helped a wheelchair-bound patient maintain continuity of care.

For patients with severe communication disorders

Patients with autism spectrum disorder or severe social anxiety were noted to benefit from telepsychiatry, as they were more comfortable in a familiar environment.

For individuals feeling ashamed of in-person visits

Telepsychiatry allowed patients with stigmatized conditions, such as sexual disorders or agoraphobia, to access care without the social stigma associated with in-person visits.

For families who frequently relocate

Remote consultations facilitated the continuity of care for families who moved frequently due to work or personal reasons. One psychiatrist described how

they were able to maintain care for patients who relocated overseas.

Time-saving and cost-effective

Remote consultations saved considerable time and money. A patient who once spent five hours commuting for a session could now attend in 15 minutes. This saved not only the patient's time but also transportation costs for their family members.

Compensates for specialist shortages

Telepsychiatry helped address the shortage of mental health professionals, particularly in underserved areas. One psychiatrist noted how remote consultations enabled them to serve patients in regions with few specialists available.

Enhances care quality in urban centers

Remote services also helped enhance care quality in urban centers by offering greater access and reducing the pressure on local clinics, especially during high-demand periods such as the pandemic.

Usable beyond clinical settings

Telepsychiatry expanded its use to schools, correctional facilities, and even private practices. A psychiatrist shared that they were able to reach patients in schools and remote educational settings who otherwise would not have had access to care.

Essential in quarantine and pandemic situations

During lockdowns and quarantines, telepsychiatry emerged as an essential tool for continued psychiatric care. It ensured uninterrupted treatment for patients with ongoing mental health concerns.

Disadvantages of telepsychiatry

Ethical challenges: Maintaining patient confidentiality and data security remained significant concerns. Psychiatrists mentioned the challenges of protecting sensitive mental health data, especially when using unsecured platforms or when patients were in non-private environments.

Potential social, cultural, or racial value conflicts

Some psychiatrists observed that telepsychiatry could lead to misunderstandings or difficulties in building trust due to cultural or social differences between doctors and patients.

Legal challenges

Legal issues surrounding telepsychiatry, such as licensing, reimbursement, and the validity of remote consultations in non-clinical settings, created additional hurdles for psychiatrists. In some regions like Iran, the lack of insurance coverage for telepsychiatry services limited access for many patients.

In Iran

One psychiatrist mentioned the significant challenge in Iran, where the absence of insurance coverage for telepsychiatry services made it difficult for patients to afford remote psychiatric care.

Legal concerns regarding non-clinical services

The use of telepsychiatry outside traditional clinical settings, such as schools or private homes, raised legal concerns about the appropriateness and boundaries of such services.

Benefits of remote mental health services during COVID-19

Ensuring medical safety: Remote consultations allowed clinicians and patients to maintain physical distancing, safeguarding their health during the pandemic, particularly for high-risk individuals such as those with heart disease, diabetes, or pre-existing mental health conditions.

Alternative to suspended in-person services

Due to COVID-19 restrictions, in-person psychiatric services were temporarily suspended. Telepsychiatry ensured that patients continued to receive necessary care without interruption.

Reducing waiting lists

The surge in demand for mental health services was mitigated by telepsychiatry, which helped reduce waiting lists for consultations. One psychiatrist noted that they were able to see more patients remotely than

in traditional in-person settings.

Equitable access to mental health services

Remote consultations facilitated broader access to care, both in rural and urban areas. For instance, one psychiatrist shared their experience serving patients from distant provinces, such as Khorasan, Bushehr, and Kurdistan, who previously could not access services.

Higher acceptance among patients

Remote consultations were particularly well-received by patients with conditions like anxiety and obsessive-compulsive disorder, as it allowed them to ease into therapy from the comfort of their homes, providing a less intimidating environment.

Cost savings

The financial burden of attending in-person consultations was alleviated. One psychiatrist highlighted how a patient who previously spent five hours commuting could now access care online in a fraction of the time.

Promoting broader access to mental health care

Telepsychiatry significantly widened access to mental health services, especially for patients who lived far from healthcare facilities. It allowed psychiatrists to reach patients who might otherwise have been excluded from care.

Deeper insight into home environments

Remote consultations also provided clinicians with valuable insights into patients' home environments, strengthening the therapeutic relationship and giving psychiatrists a better understanding of their patients' living conditions.

Considerations and warnings regarding remote mental health services

Digital divide and inequality: Despite increasing access to telepsychiatry, systemic inequalities persisted. Some patients, particularly those from lower-income or rural backgrounds, faced challenges due to a lack of stable internet connections or suitable devices for remote consultations.

Confidentiality limitations

Patients often lacked private spaces for consultations, especially in small homes or shared living conditions. One psychiatrist shared how they would check with patients about their privacy before discussing sensitive topics.

Challenges in diagnosis and monitoring treatment response

The remote format made certain diagnostic tools less effective, particularly when non-verbal cues were crucial to the assessment. One psychiatrist mentioned how not being able to observe body language and facial expressions impacted diagnostic accuracy.

Potential communication barriers

Remote consultations often hindered the ability to observe certain facial expressions or other non-verbal cues, which are vital for psychiatric assessments. This limitation was particularly noticeable when video calls had poor quality.

Technological limitations

Technical disruptions, such as unstable internet connections, could interrupt sessions. A psychiatrist noted that during one consultation, their internet disconnected, leading to frustration and difficulty addressing important issues.

Crisis preparedness

Managing psychiatric crises remotely presented challenges. One psychiatrist shared how they had to assess suicide risk remotely, ensuring the safety of the patient by notifying family members when necessary.

Discussion

Telepsychiatry experiences

This study provided valuable insights into the experiences of 14 faculty members from the Psychiatry Department of Iran University of Medical Sciences in the realm of remote psychiatric consultations. The psychiatrists highlighted several benefits, challenges, and nuances of telepsychiatry, offering a broader understanding of its impact on psychiatric care delivery. This discussion draws on both the findings of this study and comparable articles in the field to analyze the broader trends and implications for

telepsychiatry in modern clinical practice.

Benefits of telepsychiatry

Telepsychiatry has been widely acknowledged for overcoming geographic barriers, enabling access to psychiatric services for individuals in underserved or remote areas. As this study highlights, many psychiatrists reported significant improvements in patient access, particularly for those living in rural and distant locations. This finding is consistent with other studies that emphasize the importance of telemedicine in reaching patients in geographically isolated areas, where mental health professionals are scarce (11). The reduction in travel time and associated costs allows for more regular and consistent care for patients who previously faced barriers to receiving psychiatric services.

Furthermore, time flexibility in scheduling, as reported by the participants in this study, aligns with other research suggesting that telepsychiatry not only benefits patients but also enhances the productivity of healthcare providers. For example, a study by Nugroho *et al* reported that educators, much like psychiatrists, experienced increased efficiency through remote interactions, suggesting that similar efficiencies could be applied to psychiatric consultations. These findings underscore the broader trend in healthcare where remote consultation technologies contribute to greater accessibility, scheduling flexibility, and efficiency (12).

Challenges of telepsychiatry

Despite its numerous benefits, telepsychiatry faces significant challenges. The issue of technical and infrastructure limitations is particularly prominent in the study, with participants noting the frequent interruptions caused by unstable internet connections, outdated equipment, and software incompatibility. Such technical barriers can significantly impact the quality of care, making it difficult for clinicians to maintain the high standards required for effective treatment. These concerns are not unique to the study's participants; previous research, such as that by Illingworth, has consistently identified technical limitations as a primary barrier to the widespread adoption of telemedicine in mental health (13).

Moreover, clinical assessment is notably impacted

by the absence of physical presence, which makes it difficult to observe non-verbal cues such as body language, facial expressions, and other subtle indicators of a patient's emotional state. This issue has been well-documented in the literature, where several authors (14) have highlighted how remote consultations may lead to inaccurate diagnoses due to the inability to capture non-verbal communication. Furthermore, patients' discomfort in virtual settings can also hinder their ability to fully express themselves, potentially leading to incomplete or incorrect diagnoses.

Doctor-patient relationship and trust

The impact of remote consultations on the doctor-patient relationship is another critical theme explored in this study. The participants noted that the lack of non-verbal interaction could erode trust and complicate the communication. This is consistent with the findings of Nugroho *et al*, who highlighted that reduced face-to-face communication during remote teaching led to similar challenges in engagement and trust (12). For psychiatrists, who rely heavily on building strong rapport with their patients, the virtual setting can make it difficult to foster the level of emotional connection needed for effective care.

Psychiatrists in this study developed strategies to overcome these challenges, such as actively using personal history, creating a safe virtual space, and engaging in active listening. These techniques are aligned with best practices identified in other studies (15), where providers emphasized the importance of maintaining warmth and openness, even in a digital environment.

Impact on diagnosis and treatment

The limitations of telepsychiatry in diagnostic accuracy were also highlighted in this study, particularly regarding the observation of symptoms and the use of diagnostic tools. The inability to perform certain assessments, such as physical examinations or neurocognitive tests, limits the clinician's capacity to make accurate diagnoses. This finding echoes concerns raised in other research, such as that by Nugroho *et al* (12), which noted that the absence of physical assessments in remote consultations could hinder the effectiveness of treatment. Additionally,

the limited access to patients' full medical records during remote consultations can further contribute to diagnostic uncertainty, a concern that is often cited in studies of telepsychiatry (16).

To address these challenges, psychiatrists in this study advocated for the use of hybrid models, combining remote consultations with in-person visits when necessary. This approach is consistent with the recommendations of other experts in the field who suggest that telepsychiatry should not replace traditional methods but rather complement them (17).

Job satisfaction and work-life balance

Telepsychiatry has had a significant positive impact on psychiatrists' work-life balance, as noted by the study participants. The reduction in commuting time, coupled with the ability to schedule sessions more flexibly, has allowed psychiatrists to better manage their personal and professional lives. This finding is supported by other research on healthcare providers' experiences with telemedicine, where improved work-life balance was often cited as a key benefit (17).

However, some psychiatrists expressed concerns about the potential for burnout due to the increased workload and the demands of maintaining online consultations. This is a significant issue identified in other studies, such as those by Nugroho *et al*, where remote teaching resulted in higher stress levels for educators due to the constant need for digital engagement (12). It is crucial for healthcare providers to adopt strategies to mitigate burnout, such as proper scheduling and maintaining boundaries between work and personal life, as recommended by the psychiatrists in this study.

Ethical and privacy Issues

Data security and informed consent are paramount concerns in telepsychiatry, particularly given the sensitive nature of psychiatric care. This study found that psychiatrists were highly concerned about protecting patient data and ensuring privacy during online consultations. These concerns are echoed in the literature, where studies have highlighted the vulnerability of digital platforms to data breaches and unauthorized access (16). The challenge of maintaining confidentiality in remote settings, especially when

patients are not in private spaces, further complicates the ethical landscape of telepsychiatry.

Psychiatrists in this study took proactive steps to ensure that patients were fully informed about the telemedicine process and its potential risks. This aligns with best practices recommended in other studies, which stress the importance of clear communication and obtaining informed consent in telemedicine settings (17).

Limitations

This study has several potential limitations. The small sample size and limited diversity in the studied population may affect the generalizability of the findings. Additionally, the research was conducted in the capital, which has the best facilities, and this geographical constraint could influence the applicability of the results to broader contexts. Furthermore, the rapid advancements in technology and communication infrastructure may impact the outcomes over time, necessitating continuous evaluation and adaptation of remote psychiatric services.

Conclusion

The findings of this study highlight both the promise

and the challenges of telepsychiatry in enhancing mental health care. Telepsychiatry has undeniably expanded access to care, particularly for patients in remote and underserved areas, and has provided greater flexibility for both patients and healthcare providers. However, technical issues, limitations in clinical assessment, and concerns over privacy and trust should be addressed to ensure the effectiveness of remote consultations. Continued training for psychiatrists, improved technological infrastructure, and a hybrid approach to care that combines remote consultations with in-person visits may help overcome some of these challenges. As telepsychiatry continues to evolve, ongoing research and adaptation will be necessary to ensure that it meets the needs of both patients and healthcare providers.

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Conflict of Interest

There was no conflict of interest in this manuscript.

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