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MODERN TOOLS FOR ENSURING ACCESSIBILITY OF MEDICAL CARE IN THE WORK OF PSYCHIATRISTS AND CLINICAL PSYCHOLOGISTS

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Introduction. The critical importance of telemedicine in Ukraine today is driven by the combination of wartime challenges, widespread psychological trauma, and limited access to specialized care. Telepsychiatry provides essential support for patients who have been forcibly displaced, live in high-risk areas, or lack the ability to visit a clinician in person. Remote consultations enable faster responses to changes in mental state, improve access to specialists, and reduce the stigma associated with seeking psychiatric support, telepsychiatry becomes one of the key instruments for ensuring psychological assistance to the population.

The aim of the study – to provide a comprehensive analysis of the role, effectiveness, and practical implementation of telemedical tools in the work of psychiatrists and clinical psychologists, and to assess their significance in ensuring continuous, accessible, and modern care within Ukraine's healthcare system.

The main part. The article examines core telemedical solutions used in psychiatric practice, including remote clinical assessment, video consultations, digital monitoring platforms, self-tracking applications, and crisis intervention services. Special attention is given to the advantages of telepsychiatry, such as expanding access to specialized care, reducing stigma-related barriers, optimizing patient pathways, and improving adherence to treatment. The clinical aspects of telemedicine use for patients with different categories of mental disorders are explored. The article analyzes the potential for early detection of deterioration through digital tools such as regular online questionnaires, mood diaries, passive activity monitoring, and artificial intelligence–based algorithms. A separate section highlights the context of the war in Ukraine as a factor that has significantly increased the need for remote psychiatric support. Internally displaced persons, military personnel, residents of frontline territories, and individuals with chronic mental disorders often have limited opportunities for inperson consultations, making telemedicine one of the key mechanisms for supporting mental health. The article also discusses the ethical, legal, and organizational challenges of implementing telemedical interventions.

Conclusions. Telemedicine is an effective tool for expanding access to psychiatric and psychological care, ensuring continuity of treatment, and facilitating earlier detection of clinical destabilization. In the current conditions, its integration into clinical practice is a necessary step toward building a resilient, flexible, and patient-centered mental healthcare system in Ukraine.

Keywords: telemedicine; telepsychiatry; mental disorders; psychological problems; psychiatric and psychological care, psychiatrist and clinical psychologist.

СУЧАСНІ ІНСТРУМЕНТИ ЗАБЕЗПЕЧЕННЯ ДОСТУПНОСТІ МЕДИЧНОЇ ДОПОМОГИ В РОБОТІ ПСИХІАТРА ТА КЛІНІЧНОГО ПСИХОЛОГА

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Вступ. Критична важливість телемедицини в Україні сьогодні зумовлена поєднанням воєнних викликів, масової психотравми та обмеженого доступу до спеціалізованої допомоги пацієнтів, які вимушено переміщені, живуть у зонах ризику або не мають можливості відвідати лікаря чи контактувати з клінічним психологом особисто. Дистанційні консультації дозволяють швидше реагувати на зміни психічного стану, підвищують доступність фахівців і зменшують стигму звернення за психіатричною підтримкою, вони стають одним із ключових інструментів забезпечення населення психологічною допомогою.

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Мета роботи – провести комплексний аналіз ролі, ефективності та практичного впровадження телемедичних інструментів у діяльність психіатрів і клінічних психологів, оцінити їх значення для забезпечення безперервної, доступної та сучасної допомоги в системі охорони здоров'я України.

Основна частина. У статті розглянуто ключові телемедичні рішення, які використовують у психіатричній практиці, включно з дистанційною клінічною оцінкою, відеоконсультаціями, цифровими платформами моніторингу стану, застосунками для самоспостереження і сервісами кризового втручання. Особливу увагу приділено перевагам телепсихіатрії, серед яких – розширення доступу до спеціалізованої допомоги, зниження бар'єрів стигми, оптимізація маршрутизації пацієнтів та підвищення прихильності до лікування. Розкрито клінічні аспекти використання телемедицини для пацієнтів з різними категоріями психічних розладів. Проаналізовано можливості раннього виявлення погіршення стану завдяки цифровим інструментам, що включають регулярні онлайн-опитування, щоденники настрою, пасивний моніторинг активності та алгоритми штучного інтелекту. Стаття окремо висвітлює контекст війни в Україні як фактор, що суттєво збільшив потребу в дистанційній психіатричній допомозі. Внутрішньо переміщені особи, військовослужбовці, мешканці прифронтових територій і люди з хронічними психічними розладами часто мають обмежені можливості для очних консультацій, тому телемедицина стає одним із ключових механізмів підтримки психічного здоров'я. Також розглянуто етичні, правові та організаційні виклики впровадження телемедичних інтервенцій.

Висновки. Телемедицина є ефективним інструментом розширення доступу до психіатричної і психологічної допомоги, забезпечує безперервність лікування та сприяє більш своєчасному виявленню клінічної дестабілізації. За сучасних умов її інтеграція в клінічну практику є необхідним кроком для формування стійкої, гнучкої та орієнтованої на потреби пацієнта системи охорони психічного здоров'я в Україні.

Ключові слова: телемедицина; телепсихіатрія; психічні розлади; психологічні проблеми; психіатрична та психологічна допомога; психіатр і клінічний психолог.

Introduction. Telepsychiatry is a modern branch of telemedicine that enables the remote provision of psychiatric and psychological services, including diagnostic assessment, consultations, psychotherapeutic support, and systematic monitoring of patients' conditions without their physical presence in a healthcare facility whether to contact a clinical psychologist in person. This approach is grounded in the use of contemporary digital communication technologies. Such a format expands access to specialists across various disciplines, creates favorable conditions for clinical observation and continuity of care, and meets current healthcare demands.

Global crises have significantly accelerated the development of telepsychiatric approaches; this became particularly evident during the COVID-19 pandemic [1], when the need arose for safe yet effective modalities of psychiatric care delivery. Nowadays, telepsychiatry has become an integral element of mental healthcare systems, and in the context of the full-scale war in Ukraine, it functions as one of the key instruments for supporting the population. The demand for telepsychiatric care in Ukraine has grown substantially due to wartime conditions and, without exaggeration, has become one of the foremost mechanisms of assistance. Hostilities have dramatically increased the need for remote psychiatric and psychological support. The widespread prevalence of post-traumatic stress disorder, depressive, anxiety, and somatoform disorders have led to a significant rise in the number of individuals requiring specialized care – including internally displaced persons, veterans, and members of their families.

In many regions, access to psychiatrists and clinical psychologists is limited due to a shortage of specialists and constant security threats. Remote formats allow individuals to receive and continue treatment, obtain psychological consultations, or access specialist support online even during evacuation or while sheltering, thus ensuring timely and uninterrupted care.

Because of military action or disruptions in transportation, many patients cannot reach healthcare facilities, which is particularly relevant for frontline and newly deoccupied territories. Under these circumstances, telemedicine becomes a realistic means of obtaining qualified assistance regardless of a person's location.

Individuals with chronic mental disorders – including schizophrenia, bipolar spectrum disorders and severe depressive episodes – require long-term dynamic monitoring, regular clinical supervision, and timely, flexible adjustments of therapeutic strategies. Remote psychiatric services substantially simplify this process by enabling systematic observation of changes

in well-being, supporting treatment stability and facilitating rapid responses to symptom exacerbation. Telepsychiatric tools – ranging from virtual visits to automated reminders and digital monitoring systems – help maintain remission and reduce the risk of relapse.

The issue of stigma among individuals living with mental disorders cannot be overlooked. Many patients fear seeking psychiatric services due to the possibility of being recognized when visiting medical institutions. Online formats are not only more convenient, but are also perceived as safer, thereby reducing psychological barriers to care.

During crises, both military personnel and civilians can receive urgent remote support – a particularly important resource where rapid access to specialized inpatient care is limited.

In situations of acute danger, civilians and military personnel may need immediate psychiatric or psychological assistance. When suicidal thoughts, intentions, intensified distress, uncontrollable psychomotor agitation, or sudden deterioration of mental state occur, prompt intervention by a specialist is necessary. In regions where access to inpatient facilities is blocked or unsafe, remote communication becomes the only means of urgently involving a clinician.

Children and adolescents constitute one of the most vulnerable groups in the context of war and are particularly sensitive to its traumatic impact. Traumatic experiences often remain unspoken, as children may be unable to articulate their condition, express emotions openly or understand what is happening to them. Therefore, access to high-quality specialized child psychological and psychiatric care is critically important. Telepsychiatry makes it possible to organize consultations with specialists quickly, regardless of the location of the child or clinician, thereby avoiding travel, unfamiliar environments, and long waiting times – factors that can be especially distressing for children. Remote interaction creates a setting in which the child does not need to travel to an unfamiliar place, interact with many strangers or wait for extended periods. This ensures a safer, more controlled and familiar environment, significantly enhancing the effectiveness of psychological support.

Individuals suffering from chronic mental disorders – such as schizophrenia, bipolar spectrum disorders or depressive disorders with chronic or recurrent courses require regular clinical supervision and flexible adjustment of therapeutic strategies. Remote forms of psychiatric care significantly simplify this process: they allow for systematic monitoring of changes in well-being, support treatment stability, and facilitate timely responses to early warning signs. Telepsychiatric tools – ranging from virtual visits to automated reminders and digital monitoring systems – contribute to sustaining remission and reducing the risk of relapse.

Thus, in wartime Ukraine, telepsychiatry becomes not a luxury, but a necessity, as it compensates for the shortage of specialists, ensures continuity of treatment, enables rapid responses to crisis situations, and provides access to psychiatric care for millions of people experiencing war-related trauma.

The aim of the study is to analyze the specific features of the telemedical involvement of psychiatrists and clinical psychologists, to outline their roles, functional responsibilities, and the opportunities for interdisciplinary cooperation in the remote provision of psychiatric and psychological care. The article seeks to identify the advantages, challenges and prospects of telemedicine in the mental healthcare system and to substantiate the effectiveness of a comprehensive, multidisciplinary approach in modern conditions.

The main part. This method helps overcome one of the main challenges in the mental healthcare system, particularly relevant in Ukraine: territorial remoteness and geographical barriers to accessing psychiatric and psychological services. Residents of rural and remote regions often face difficulties due to the shortage of qualified specialists, inadequate transportation infrastructure and limited availability of specialized healthcare facilities [2].

These factors lead to delayed help-seeking, chronicity of mental disorders, reduced treatment adherence and lower therapeutic effectiveness.

Telepsychiatry offers real solutions to overcome these barriers by enabling:

– provision of psychiatric care to patients in areas with limited physical access to specialists;

– consultations for inpatient facilities, social care institutions and nursing homes;

– increased interdisciplinary collaboration through possibilities of remote consultations;

– implementation of the principle of equality in access to specialized psychiatric care regardless of the patient's place of residence;

– access to psychological and psychotherapeutic support for patients who cannot obtain such assistance

due to physical limitations, financial difficulties or wartime conditions in Ukraine.

The psychiatrist is responsible for the diagnosis, treatment and prevention of mental, behavioral and neurodevelopmental disorders. Their work incorporates medical, psychological and social approaches, including pharmacotherapy, psychotherapy and cooperation with other medical specialists [3]. These core professional duties may be effectively performed through telemedicine when providing psychiatric care:

1. Collection of clinical history – determines when symptoms began, how they progressed, potential triggers, past interventions, and hereditary factors. Various telemedical methods may be used to gather the necessary data effectively:

1) Telephone Interview

Enables initial questioning, clarifying complaints, and collecting family and social history, however lacks the ability to assess nonverbal cues.

It is useful when video communication is unavailable or when the patient declines other examination methods.

2) Videoconsultation (online meeting)

The primary tool for psychiatrists, allowing assessment of facial expressions, gestures, and emotional reactions – all essential for evaluating mental state. More acceptable and emotionally safe for patients due to direct "face-to-face" interaction, real-time clarification, and a greater sense of safety and confidentiality.

Conducted on secure platforms (e.g., Zoom for Healthcare, Microsoft Teams, Doxy.me).

3) Electronic questionnaires and forms

Sent to the patient before or after the consultation.

Examples: PHQ-9 (depression), GAD-7 (anxiety), MINI (structured psychiatric interview).

Provide standardized symptom detection, complementing the clinical picture formed by the doctor and can be integrated into mobile applications or online platforms. However, the patient may answer insincerely or misinterpret the questions, especially if doing it alone, so the "presence" of the doctor via video call or the help of loved ones whom the patient trusts is recommended. Not always suitable for patients with cognitive disorders.

1) Mobile applications for health monitoring

A patient may keep a diary of mood, sleep, nutrition, anxiety levels, fluctuations in physical state (blood pressure, pulse), body sensations (tingling, burning, tension, constriction), as well as the emergence of particular phenomena (hallucinations, "sense of external influence", "ideas of reference", "thought broadcasting", "thought withdrawal or intrusions", severe irritability), the presence of conflicts, seizure episodes and their equivalents. The data are collected automatically and made available to the physician for review at a convenient time. This enables continuous tracking of symptom dynamics while ensuring confidentiality and data security. Patients gain the ability to monitor changes in their health condition in real time and avoid missing important symptoms. Furthermore, constant monitoring of sensations and experiences provides an additional sense of safety and attention to one's condition – this is especially relevant for patients with hypochondriac or hysterical personality traits.

The data are automatically stored and accessible to the physician for analysis [4, 5].

2) Online collection of information from relatives

A psychiatrist may conduct a brief interview with family members using video or telephone communication. This is crucial in cases of cognitive impairment or psychosis, when the patient may inaccurately assess their condition, conceal important symptoms or refuse communication altogether, often providing brief or irrelevant answers.

3) Electronic medical records and integration with the E-health system

This includes access to medical history, previous conditions, prescriptions, laboratory and instrumental test results, and information regarding disability status or functional limitations. The system allows the physician to supplement the patient's history with objective data and integrate earlier diagnoses and treatments, which is particularly valuable in regions with limited access to medical records.

Thus, combining video consultations, structured questionnaires, and digital diaries ensures the most comprehensive anamnesis collection even remotely.

2. Psychiatric Assessment – a specialist evaluates mood, thinking, behavior, motor activity, intelligence, cognitive functions, and more:

1) Video consultation (online interview) enables assessment of: appearance (hygiene, clothing appropriateness relative to context and weather, presence of unusual attire, accessories, or tattoos, etc), behavior (facial expressions, gestures, eye contact, restlessness, hyperactivity, apathy, social engagement,

inappropriate or odd behaviors talking to oneself or imaginary interlocutors, hiding, etc.). They also allow preliminary status assessment and cognitive screening (perception, memory, attention, thinking, emotions, intellectual and volitional functions). Structured interviews (SCID, MINI) can be conducted. However, certain neurological assessments remain difficult to perform remotely (e.g., muscle tone evaluation in extrapyramidal symptoms).

2) Telephone consultation suitable for basic assessment of emotional and psychological state, although the absence of visual cues (nonverbal behaviors, facial expressions, psychomotor abnormalities) complicates evaluation. Telephone consultations are useful for monitoring between visits, addressing patient and family questions and clarifying information after a video session.

3) Mobile applications used for symptom tracking significantly depend on patient discipline, current mental state and the level of trust and adherence to medical recommendations.

4) Online behavioral monitoring: patients may send short videos or audio recordings documenting their condition (for instance, as part of a mood diary). Family members may also provide such materials, especially when the patient displays detached or withdrawn behavior. Ethical considerations must be respected. These recordings allow assessment of emotional background, speech, behavior, sleep, and seizure episodes.

5) Electronic medical documentation.

Thus, video consultation remains the "gold standard" for remote psychiatric assessment, while other tools (tests, mobile apps, electronic records) serve as valuable supplements.

3. Diagnosis according to international classifications (ICD-11, DSM-5)

This includes the use of electronic health records (E-health), integration of online test results, previously collected data and rapid access to laboratory results and prior diagnoses.

Consultations with colleagues via telemedicine platforms enable a multidisciplinary approach involving psychologists, social workers, family physicians, and specialists as needed.

4. Treatment Prescription can be safe and effective when administered remotely:

1) online prescription of medications through e-prescription systems;

2) telemedical recommendations on psychotherapy;

3) online psychotherapy sessions;

4) video or telephone follow-up to maintain contact with the patient and monitor treatment adherence.

5. Dynamic monitoring and treatment adjustment

Video and telephone follow-up visits

Mobile apps for tracking symptoms (sleep, mood, anxiety, behavior), evaluating treatment effectiveness, timely dose adjustments, and monitoring side effects. Notably, effectiveness depends heavily on patient discipline, and technical issues may lead to partial data loss.

6. Psychoeducation and supportive care

Webinars, online support groups, mobile psychoeducation apps, and chats with psychotherapists or counselors improve adherence to treatment, encourage family involvement, reduce stigma, and educate patients and relatives about the nature of the disorder, self-regulation techniques, and relapse prevention.

7. Psychiatric examination – forensic and inpatient psychiatric evaluations etc.

Features of the use of telemedicine in psychiatric examination: mandatory verification of the patient's identity and participants (electronic signature, biometrics).

Compliance with confidentiality standards and video/documentation storage. Often used in forensic psychiatric examinations, when the patient is physically in a specialized institution, but the expert panel joins online, can be used in everyday activities if the patient needs to be involuntarily hospitalized, reducing the cost of time and money for moving from the hospital to legal institutions.

Psychiatrists ensure a multidisciplinary approach in diagnosing and treating mental disorders [6]. Telemedicine tools facilitate the involvement of distant experts, improving the objectivity and quality of care. The role of a clinical psychologist in telemedical support of patients with psychiatric and psychological problems is significant and important [7].

The clinical psychologist plays a central role in telemedical support for patients with psychiatric and psychological problems. The psychologist provides continuous psychological support, assessment, and therapeutic intervention remotely, focusing not only on symptom correction but also on early risk detection, stabilization, and prevention of complications.

The main functions of a clinical psychologist in telemedical support are online psychological diagnostics.

1. A clinical psychologist conducts initial and repeat examinations of patients using video communication, structured interviews, and standardized psychodiagnostic questionnaires adapted for remote use.

2. Psychotherapy and psychological counseling. Remote formats allow effective work with anxiety, depression, stress-related, and adjustment disorders, maintaining stable therapeutic contact regardless of location.

3. Monitoring emotional and psychological dynamics. Regular online sessions help detect deterioration or improvement in a timely manner, essential for individuals with chronic disorders or high-stress exposure (military personnel, displaced individuals, trauma survivors).

4. Psychoeducation for patients and families. Teaching self-regulation skills, stress management, crisis coping techniques, and explaining symptom mechanisms and treatment principles.

5. Multidisciplinary collaboration. Coordinating care with psychiatrists, family physicians, social workers, and other specialists, providing psychological insights and recommending further steps.

6. Crisis intervention. In acute situations or when suicidal risk emerges, the psychologist organizes emergency consultations, provides crisis intervention online, and facilitates rapid involvement of psychiatrists or emergency services.

7. Support for patients in hard-to-reach regions. Telemedicine enables psychologists to work with individuals unable to access specialists regularly due to war, distance, or physical limitations [8].

Conclusions. Under current conditions in Ukraine, where access to in-person psychiatric care is severely limited or impossible for many individuals, telepsychiatry has acquired particular significance. Telemedical tools have become a key mechanism for supporting the population, ensuring continuity of treatment, rapid response to changes in mental state, and the ability to provide remote supervision of patients regardless of their location. In a situation of widespread psychological trauma, internal displacement, instability, and elevated stress levels, these tools are indispensable [8].

Psychiatrists and clinical psychologists play a crucial role in this process. Through telemedicine technologies, they are able to perform clinical assessment, provide psychotherapeutic support, monitor treatment effectiveness, and detect early signs of deterioration. This approach increases access to specialists, reduces stigma associated with seeking help, and ensures more flexible and individualized patient management.

The integration of telepsychiatry into Ukraine's mental healthcare system is an essential condition for developing a resilient, adaptive, and patient-centered model of care. Its further advancement will enable the scaling of psychiatric and psychological services, improve treatment quality, and effectively address the growing needs of the population during the war and in the post-war period.

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