LETTER TO THE EDITOR

The importance of cultural awareness when planning and implementing telepsychiatric services

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FULL ARTICLE:

Dear Editor

Increasing populations and an increasing incidence of mental health problems challenge many developing countries, including Ghana[1,2]. Long distances, financial limitations, lack of mental health personnel, and pessimism about the effectiveness of treatment, make it difficult for people to access help[1-3]. In 2011, only 0.3% of Ghana's 25 million population received psychiatric services[2].

Telepsychiatry has become an important component of rural health care, especially in the developing world, contributing to improvements in various conditions and populations[1,3]. Cultural factors influence how comfortable patients are with telepsychiatric services[4]. Considering cultural factors when planning and implementing telepsychiatric services may contribute to the success of these services and thereby increase service utilization in underserved rural and remote populations[4,5].

The first author has worked as an assistant psychologist in rural northern Ghana. Drawing on his professional experience as well as on information he has received from other people involved in mental health care in the area, he thinks it is quite common for health personnel to be perceived as persons worthy of honour and with a high degree of authority, not very different from perceptions of local chiefs. In-person consultations are associated with respect, seriousness of problems being presented, and customary ways of seeking attention from a higher authority. Clients may therefore opt to consult with mental health personnel in person, regardless of the distance to the hospital, rather than utilize any potential telepsychiatric service.

To understand the potential impact of this cultural perception on telepsychiatry, one should consider the institution of chieftaincy within Ghana. Chieftaincy still exists in contemporary Ghananian society and constitutes an indigenous pre-colonial traditional political system with lawmaking authority, cultural leadership, political representation of the community and its social identity, social control and land administration responsibilities, among other roles[6]. The perception of mental health clinicians as chiefs appears to be linked with a broader cultural phenomenon of ascribing chiefly status to the elite within the local communities for the roles they play[6].

Some people may perceive technology as a hindrance to the normative forms of cultural self-expression and communication and as a creator of interpersonal distance. People who perceive technology as a threat to their cultural organization may harbor fears of telepsychiatry undermining their ability to connect with clinicians and hamper their ability to express their sociocultural values such as respect for traditional authority, normative ways of seeking help, and accepted ways of expressing suffering. However, some technologies may be more culturally acceptable than others.

Implementers of telepsychiatry in rural and remote areas should factor in cultural perceptions of the use of technology, to avoid wasting scarce resources. The early involvement of local communities and users may help secure support for new services[7,8]. Moreover, involving communities and users may help in selecting the culturally most appropriate technology and/or other means of needed service provision. Stakeholders in rural health-related policy matters should be aware of the integral role of rural cultures and traditions and create health policies that accept and dignify the varied cultural beliefs, customs and practices that may be encountered when developing and implementing e-service-related health policies. More knowledge is needed to further examine how telepsychiatry can be successfully implemented in a culture-sensitive way, and we invite readers to contribute to the discussion.

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REFERENCES:

1 Collins PY, Patel V, Joestl SS, March D, Insel TR, Daar AS, et al. Grand challenges in global mental health. *Nature* **2011(475):** 27-30. https://doi.org/10.1038/475027a PMid:21734685

2 Roberts M, Mogan C, Asare JB. An overview of Ghana's mental health system: result from an assessment using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS). *International Journal of Mental Health Systems* 2014; **8(16).** https://doi.org/10.1186/1752-4458-8-16 PMid:24817908

3 Chipps J, Brysiewicz P, Mars M. Effectiveness and feasibility of telepsychiatry in resource constrained environments? A systematic review of the evidence. *African Journal of Psychiatry* 2012; **15(4):** 235-243. https://doi.org/10.4314 /ajpsy.v15i4.30 PMid:22829225

4 Shore JH, Savin DM, Novins D, Manson SM. Cultural aspects of telepsychiatry. *Journal of Telemedicine and Telecare* 2006; **12(3):** 116-121. https://doi.org/10.1258/135763306776738602 PMid:16638232

5 Volpe T, Boydell KM, Pignatiello A. Mental health services for Nunavut children and youth: evaluating a telepsychiatry

pilot project. *Rural and Remote Health* 2014; **14:** 2673. Available: https://www.rrh.org.au/journal/article/2673 (Accessed Accessed 23 August 2018). PMid:24831454

6 Crook R. *The role of traditional institutions in political change and development* . CDD/ODI Policy brief 4. 2005. Available: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/1967.pdf (Accessed 23 August 2018).

7 Obstfelder A, Engeseth KH, Wynn R. Characteristics of successfully implemented telemedical applications. *Implementation Science* 2007; **2:** 25. https://doi.org/10.1186/1748-5908-2-25 PMid:17662134

8 Oyeyemi SO, Wynn R. Giving cell phones to pregnant women and improving services may increase primary health facility utilization: a case-control study of a Nigerian project. *Reproductive Health* 2014; **11(1):** 8. https://doi.org/10.1186/1742-4755-11-8 PMid:24438150