Journal of Ideas in Health

e ISSN: 2645-9248 Journal homepage: www.jidhealth.com Open Access

Viewpoint Article

Barriers to telepsychiatry in the geriatric Asian American population during COVID-19

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Abstract:

Due to the increase in anti-Asian discrimination during COVID-19, there has been a decline in mental health in the Asian community, particularly in the geriatric population. Although the current literature tends to focus on the underutilization of telemedicine in the Asian American population due to cultural barriers, our research found that the barrier to access heavily contributed to this inequity. In this study, we discuss the limited language options for the geriatric Asian American population on a few large telepsychiatry platforms, including “Teladoc and BetterHelp”, during COVID-19.

Keywords: COVID-19, Geriatric, Telepsychiatry, Asian American Population, Language, Health services, Accessibility, Barriers, USA

Background

During COVID-19, the geriatric Asian American population faced the greatest discrimination among all ethnic groups [1-4]. Several literature reports describe the negative impact that discrimination, on both a macro and micro scale, can have on a patient's physical health, including increased risk for cardiovascular disease, infections, chronic pain, and so on [1-5]. Chronic racism can also have a large impact on both emotional and psychological wellbeing [6]. Telemedicine has been presented as a potential solution to help patients gain additional access to care, with telepsychiatry being particularly promising. Compared to other medical specialties, psychiatry was the second most utilized telehealth specialty during COVID 19, with general medicine being the first [7]. However, in the nationally representative survey of "Health, Ethnicity, and Pandemic Study," Zhang et al. report that Asian Americans had the lowest utilization of telemedicine [8].

In addressing the reason behind the underutilization of telemedicine, the current literature focuses on the Asian cultural barriers that stigmatize mental health [1,9]. However, in this study, we like to address the lack of accessibility as a contributing factor to the disparity, specifically with the languages available in telemedicine companies. The inequity in the utilization of telemedicine can be seen in the languages used in the visits. In one study by Lott et al., the authors found that 92.0% of the telemedicine visits documented English as their primary language. This is not reflective of the particular patient population studied, as only 61.0% of the patients reported English as their primary language [7]. The significant difference between the visits further emphasizes how critical language is in gaining access to medical care, as the lack of a particular language creates an additional barrier. To further understand this gap, we created accounts in the top telepsychiatry companies currently available, including “Teladoc and BetterHelp”. In the Teladoc mental health sector, they had four available languages: English, Spanish, French, and Danish, with 0/14 (0%) in an Asian language.

In comparison, the top competitor in telepsychiatry, “BetterHelp”, listed a total of 3/21 (14.3%) Asian languages, including Mandarin, Japanese, and Malaysian. Limited mental health resources cater to their likely cultural needs, further exacerbating the structural racism and institutional barriers to appropriate care. The shortage of available languages for translation is especially concerning, as there is great potential for the use of telemedicine in the Asian American community. For large telehealth companies like Teladoc, it is important to note that the company does provide a "NOTICE OF NONDISCRIMINATION AND LANGUAGE ASSISTANCE" on their general policy page, which includes information that

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they are legally bound to provide free language interpreters to prevent discrimination based on national origin and age. Despite the good intentions behind the policy, it still leaves two important issues. First, the policy specifies that a language interpreter, not a physician, speaks the additional language. Interactions with an interpreter are not only more time-consuming but also less personal than talking directly with a physician.

In a field like psychiatry, the interpersonal relationship between the physician and the patient is particularly important in understanding and treating the patient's clinical presentation. Second, accessing an interpreter requires the patient to call a different number that is not part of the online appointment questionnaire. It is more difficult to navigate to these additional languages because it is buried under the company's compliance information rather than on the initial page. Several literature studies indicate that older adults have more difficulties acquiring the appropriate equipment and internet access to engage in telehealth compared to their younger peers, which leaves the geriatric population particularly vulnerable to being unable to use the site [10,11].

The telemedicine industry was fast-tracked during COVID-19. During a time of social unrest, telehealth provides the geriatric Asian American population access to psychiatric care by eliminating the fear of going out and minimizing the social stigma of mental health. In addition, the patient has more flexibility in keeping their medical appointments private if they depend on family members for transportation. It is critical to assess the growing geriatric Asian American population. According to the Pew Research Center analysis of the U.S. Census Bureau population estimates, Asian Americans had the highest population growth rate among all racial and ethnic groups in the United States between 2000 and 2019. By the year 2060, the Asian American population is predicted to be 35.8 million, while 7.9 million will be part of the geriatric population. Despite these growing numbers, Asian Americans remain the most understudied ethnic group, as only 0.17% of the National Institutes of Health goes towards Asian American health research [5, 9, 12]. Not only has COVID-19 highlighted the active discrimination the Asian American population faces, but it also demonstrated the vulnerabilities due to the lack of research data, political support, and medical infrastructure for this particular population. Large telehealth companies, including Teladoc and “BetterHelp”, need to consider adding more providers who speak additional Asian languages in order to support this population in a more accessible manner.

In addition, investing in programs that promote educational awareness of telehealth options in the local community is a potential solution to reducing this disparity. Rebranding psychiatric services in a culturally mindful manner, such as removing the words "mental health," could be beneficial in increasing usage. Although telehealth cannot replace in-person medical visits, it is a viable first step toward decreasing mental healthcare access amongst the geriatric Asian American population. The lack of education on available telehealth services and the continuous shortage of bilingual and bicultural healthcare providers further exacerbates the disparity. The healthcare community and telehealth companies need to recognize that the geriatric Asian American population is one of the fastest growing yet severely underserved populations, with the most to gain from telepsychiatry.

Conclusion

Given the current disparities surrounding access to telemedicine, there is a need to make the various platforms more accessible to the population that would benefit from it the most.

Abbreviation

COVID-19: Coronavirus

Declaration

Acknowledgment

None.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

Availability of data and materials

Data will be available by emailing jami.wang@westernu.edu

Authors’ contributions

JW participated in data collection and interpretation of results; JW, BK, and DA contributed to drafting and study design.

Ethics approval and consent to participate

We conducted the research following the Declaration of Helsinki. However, Viewpoint Articles need no ethics committee approval. All authors have read and approved the final manuscript.

Consent for publication

Not applicable

Competing interest

The author declares that he has no competing interests

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Open Access

Article Info

Received: 04 July 2022
Accepted: 01 August 2022
Published: 24 August 2022

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