

Quotes relating to themes from qualitative focus groups with clinicians, patients and carers

<p>Preferences: the influence of context, setting and environment</p>	<p>“I would be completely happy with doing online, it is a quick check in to see that everything is ok and stuff like reviewing medicine is fine but for the, seeing the psychologist where you are having to have quite engaging talks I would probably prefer to do those in person at least at first to build up that rapport a little easier then maybe transfer into the online”. (P&C FG, UK)</p> <p>“I definitely prefer face-to-face consultation because of my self-confidence. I don’t know, I really feel comfortable with my therapist so with her I am able to talk about my deep emotions and to go into every matter. But with a distance, I feel like an armour so I can hide behind it. So, I definitely prefer face-to-face consultation” (P&C FG, Italy)</p> <p>“I think that staying there with your doctor and starring at their eyes and being face-to-face helps really a lot to speak about your emotions because sometimes you don’t want really to talk about some things. But when you are there and somebody’s looking at your eyes then you feel like the strength to describe your emotions so I think that it’s really useful being there. So, of course it’s good as an option, remote consulting, but I think that the best thing is always being face-to-face.” P&C FG, Italy)</p> <p>“I’m still not sold on telepsychiatry when it comes to first visits. I mean, I prefer to... before relying on telepsychiatry, I prefer to meet with patients, in person, face to face, getting to know him a little bit better. Then, at some point, I think, I can rely on telepsychiatry. So, I’m... I’m not using it at this moment for first visits.” Clinicians FG, Italy)</p> <p>“In terms of making more efficient for us in the teams, I don’t know if it is a good thing or no, but we can fit more appointments in as remote appointments are so much quicker as you don’t have all the driving and travelling. They are probably more convenient for patients as they can do it in a car at lunchtime or wherever they are.” [Clinicians FG, UK]</p> <p>“I think there has got to be a balance [in choosing the best setting for consultations] and I think the key instance is to basis it on what the patient wants and needs” (Clinicians FG, Italy)</p>
<p>Individual factors/ and digital exclusion</p>	<p>“Elderly people or severe patients with, I mean, major diagnoses like long history of psychosis or major bipolar disorder that are not so confident with technology... Those are patients you prefer, for practical reasons, to meet and visit in person. That’s a huge factor...we mostly decide whether to rely or not on telepsychiatry.” [Clinician FG, Italy)</p>

	<p>“I found the difficulties in using [humour] in speaking with the patients, and especially in personality disorders... I used to challenge a little bit... in presence and... online, I found it more difficult and more dangerous in a... in a certain way.” (Clinicians FG, Italy)</p> <p>“I’m not sure that the tele-conference with my psychiatric doctor would be useful to me because I’m the kind of person that needs a routine and to force themselves to go out. So, I prefer to be there in the studio because it’s important to me to go out to have something to do...I feel more organised when I have something to do outside of my home. I don’t know So That’s why I prefer the physical conference with the doctor.” [P&C FG, Italy)</p> <p>“I think the whole, the whole issue of everything being online now completely excludes people who find it difficult to use computers and that is not only people with serious mental health problems; but it is old people as well and people with dementia, they are completely excluded from this whole online world and everything now is, is online...It’s very, very exclusive for vulnerable people who can’t manage it.” (P&C FG, UK)</p> <p>“It’s all about the tools you have, like how can I say, if you have a smart phone for example, you are able to do it, but If you don’t, how can you do it? So, it’s like me right now, I don’t have a webcam working so I’m losing all my body language and all my, you know the surface. So, I think that having the right device is really important. And if, for example, if somebody can help you with having this kind of device, it would be nice.” (P&C FG, Italy)</p>
<p>Challenges and facilitators of using digital platforms</p>	<p>“Sometimes people are concerned with people listening to our side of the [consultation] also ... so this is something we can’t do something about. But... I have no idea on how can we make them feel more comfortable in their home.” (Clinicians FG, Italy)</p> <p>“Some clients you do have to see face to face especially if there are growing concerns around control and monitoring. Not everybody wants to be seen on video, if you are seeing clients who believe they are being monitored, I do tend to see them face to face because even video or on the telephone it is not helpful.” [Clinicians FG, UK)</p> <p>“I think it [telepsychiatry] might be really useful to those people for who don’t want to say anybody they’re going to therapy because something like a label, if you go to a therapist is like you need help and you...have mental health issues. And some people really don’t want to be that kind of people so they need to do it as anonymous so I think that can be useful if</p>

	<p>you don't want to, also admit with yourself maybe that you have this kind of problems so it can be really lifesaver." [P&C FG, Italy)</p> <p>"I was just thinking about it in terms of being inclusive and how flexible it is to access kind of remote and virtual ways of offering therapies so for me I work patients who have physical long term issues so for them it would be really difficult for them to access a clinic for various reasons therefore we are still able to offer a service to these people and reach communities" [Clinicians FG, UK)</p> <p>"I think just having something [technology] we could all be consistently using which is straightforward to use for both patients and staff would definitely make a difference. I think because of the nature of the pandemic and having to scramble around ways to work we do have a mismatch of things but if this is going to be an ongoing thing, we should use this as an opportunity to use something that would be easier and accessible to everyone". (Clinicians FG, UK)</p> <p>"[I] have had some calls ruined by technical issues" (P&C FG, UK)</p> <p>"So, I can see patients on their lunch break which is really convenient for them, they don't have to take a morning or afternoon off work for an appointment or miss college so that's really positive about it [telepsychiatry]." [Clinicians FG, UK)</p>
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