

5. Bölüm

Çocuk ve Ergenlerde Telepsikiyatri Uygulamaları

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GİRİŞ

Son dönemlerde özellikle bilgi ve iletişim teknolojilerindeki gelişiminin hız kazanmasıyla insanların eğitim ve sağlık ihtiyaçlarında ve bu ihtiyaçların karşılanmasında köklü değişiklikler meydana gelmiştir. Bu değişimler sayesinde insanların ihtiyaçlarının karşılanması için zaman ve yer kısıtlılıklarını aşacak biçimde çözümler üretilmiştir. Sağlık alanında bu kısıtlılıklar teletıp hizmetleri ile aşılmaktadır (1). Teletıp (telemedicine) ve telesağlık (telehealth) terimleri genellikle birbirlerinin yerine kullanılmakla beraber bunlar tamamen aynı şey değildir. Teletıp terimi telekomünikasyon teknolojilerinin kullanılarak tanı veya tedavi sonrası seyrin izlenmesi gibi tıbbi hizmetlerin sağlanması için kullanılırken telesağlık kavramı daha geniş kapsamda kullanılmaktadır. Telesağlık; koruyucu, destekleyici ve iyileştirici uygulamalar gibi hem klinik hem de tele-eğitim, tele-arastırma, sistemlerin entegrasyonu, hasta kayıtları gibi klinik dışı sağlık bakım hizmetlerini tanımlamak için kullanılmaktadır (2,3).

Sosyoekonomik faktörler, coğrafi koşullar ve işgücü yetersizliği gibi faktörlerin uzmanlık bakımına ihtiyaç duyan kırsal bölgelerdeki bireyler için önemli engeller oluşturduğu bilinmektedir. Teletıp hizmetlerinin kırsal bölgelerde sağlık hizmetlerine erişimi artırma potansiyeli vardır (4). Teletıp uygulamaları; sağlık hizmetlerine erişimin artırılması, tıbbi bakım maliyetinin düşürülmesi, eğitim uygulamalarının kolaylaştırılması, hastaların uzak hastanelere gitmesini azaltılması ve dolayısıyla çevre dostu olması ve yüksek düzeyde etkinlik ve süreklilik sağlaması gibi konularda ciddi avantajlar sağlamaktadır (1,5).

Telepsikiyatri ise teletıp hizmetlerinin psikiyatri alanına uyarlanmış biçimi olup psikiyatrik değerlendirme, tedavi ve takiplerin video konferans gibi haber-

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için bir çözüm olabilen telepsikiyatri uygulamalarının ülkemizde yaygınlaşması için yasal düzenlemeler yapılmalı ve alanda çalışanlara yönelik güncel kılavuzlar hazırlanmalıdır.

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