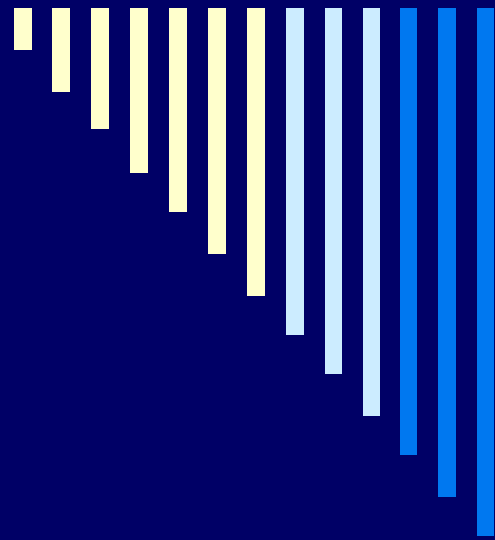


# Telemental Healthcare for Children and Adolescents: Maybe It's *Better* than Face-to-Face

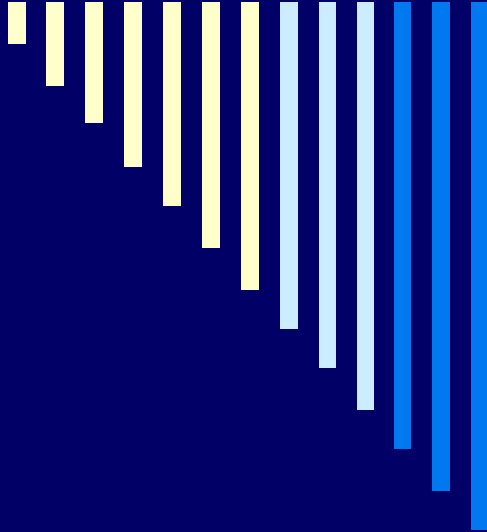
**Terry Rabinowitz, MD**

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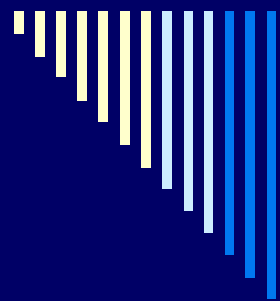
# My Plan for Today...

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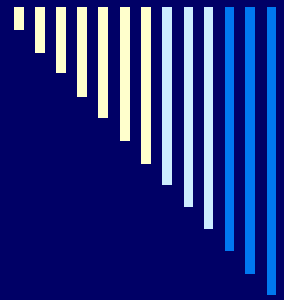
To convince you that  
telemental health care  
for kids is pretty cool!!!





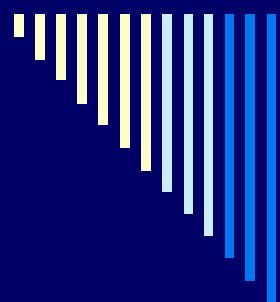
## Why *Telemental* Health?

- Access specialists who would not otherwise be available
  - Provide a multi-site team approach
    - Case manager, social worker, physician, nurse, teacher, clergy
  - Parents can “visit” their inpatient child from a distance
  - Follow-up
  - Continuing education...
-



## It's the perfect “specialty” for not touching

- Usually no PE necessary or can be performed locally
  - Physical contact may actually be inappropriate or emotionally uncomfortable
- May be preferred over or superior to face-to-face (FTF)
  - More about this in a minute



# History

First reference to anything related to telemental health was in the 50s, but no specific references to children or adolescents until about 1999:

“The quality of clinical interactions in the telepsychiatry clinic [at the University of Kansas Medical Center's telemedicine program] appears comparable to that in face-to-face meetings.” (Ermer 1999)



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# 1999-2008 Highlights

- Gelber and Alexander 1999
    - User satisfaction survey of videoconferencing services for child and adolescent mental health care in Australia
      - 58/80 (73%) questionnaires returned
      - 57% per cent reported that videoconferencing had affected professional practice
        - Advantages included cost savings (52%)
        - Disadvantages included technological problems (40%)
-

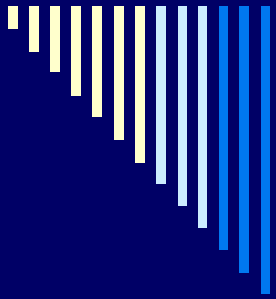


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## Elford et al 2001

Evaluated user satisfaction with child telepsychiatry assessments

- The psychiatrists were either “very satisfied” or “satisfied”
  - On a five-point Likert scale 28/30 parents (93%) rated their satisfaction level as 5; the other two rated it 4
  - All 30 parents (100%) stated that they “liked” the telepsychiatry assessment and would use the system again
-



- Twenty-nine parents (97%) said they would prefer telepsychiatry to travelling
- 5/9 children (56%) said they liked the “television doctor” better than the “real” doctor; four had no preference
- 19 adolescents participated and most were very satisfied or satisfied with the system
- 17/19 adolescents (89%) said they would prefer telepsychiatry to travelling



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# Myers et al

- 2006: Telepsychiatry can successfully deliver services to incarcerated adolescents with a wide range of psychiatric needs
  - 2007: Telepsychiatry is a feasible and acceptable approach to providing psychiatric services to youths in underserved communities
  - 2008: Parents endorsed high satisfaction with their children's telepsychiatric care, with an indication of increasing satisfaction upon return appointments
-



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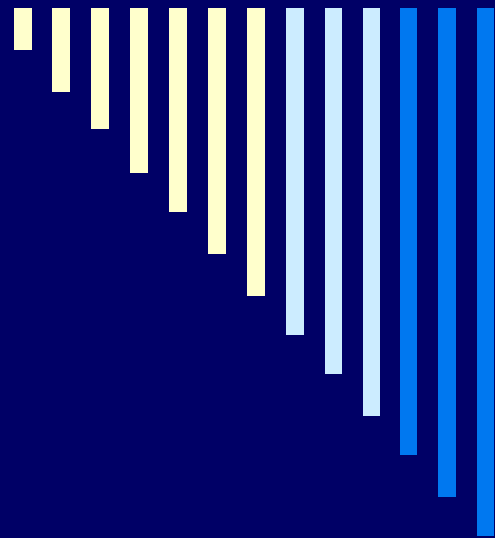
## Cloutier et al 2008

Rural physicians surveyed on their awareness, attitudes and use of telemental health services for children

- Only 27% of responders were aware of available videoconferencing services
  - Proportion of physicians who referred patients for various mental health services through videoconferencing was 0-24%
-



- The proportion of physicians who reported that they would refer patients through videoconferencing was 55-92%
- Primary benefits/advantages included reduced travel time, care provided closer to home, access to rural populations, and improved access to patients
- Primary limitations included unclear referral patterns, technology compromises, and undeveloped remuneration

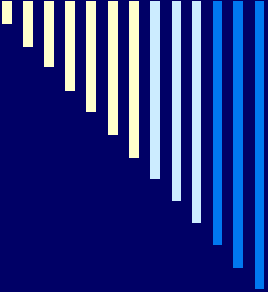


# Fact

**Since 1999, there have been only about 60 publications of telemental health applications in children and adolescents in refereed journals. Most are qualitative or were performed on small samples.**

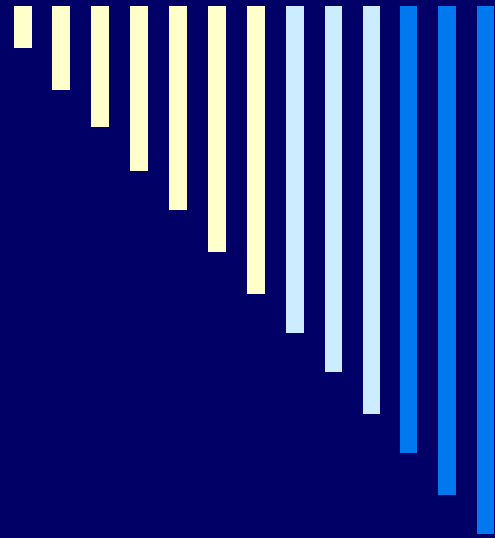
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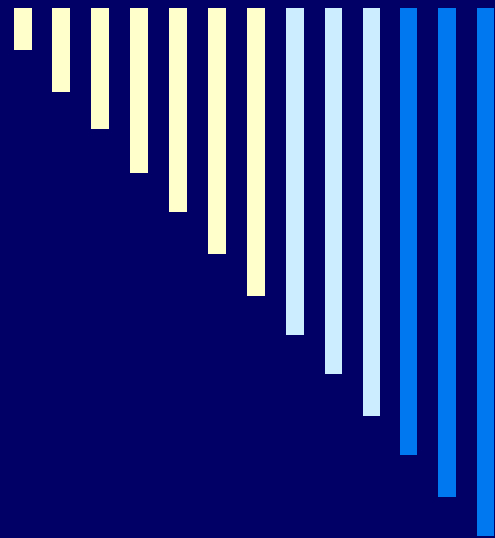
And I'm trying to  
convince you that  
it's better than FTF!





Here's Why

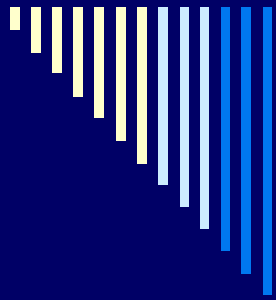
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# Observations of one-out-of-one psychiatrists

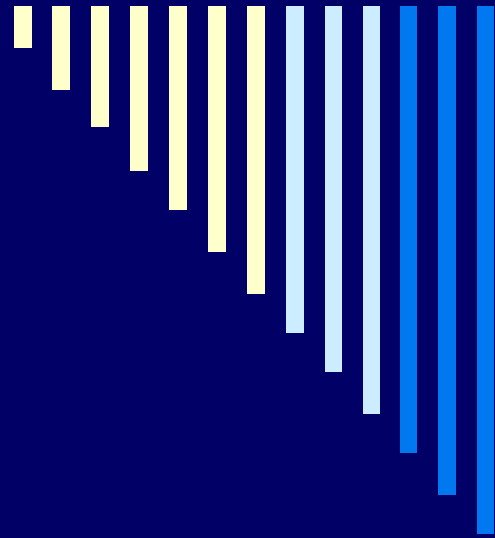
**That's me!**

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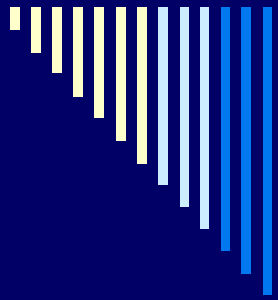
# Children and Adolescents

- Common symptoms include depression, anxiety, separation problems, ADHD, autistic traits, ID, opposition
- May be: shy, mistrusting of adults, paranoid, avoidant, struggling to separate/individuate but still dependent, having difficulty trying to express feelings, “protective” of family or therapist

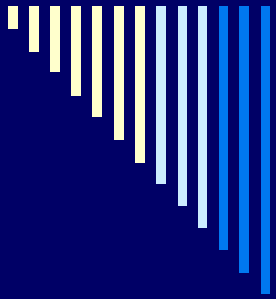


What's Possible with  
Videoconference that Isn't  
Possible FTF?

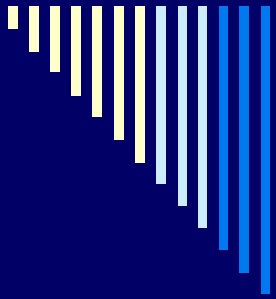
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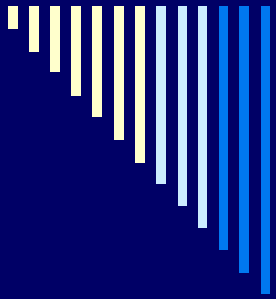
- No “operator contamination”
  - Less disruption of the clinical environment
    - Patient can be more “normal”



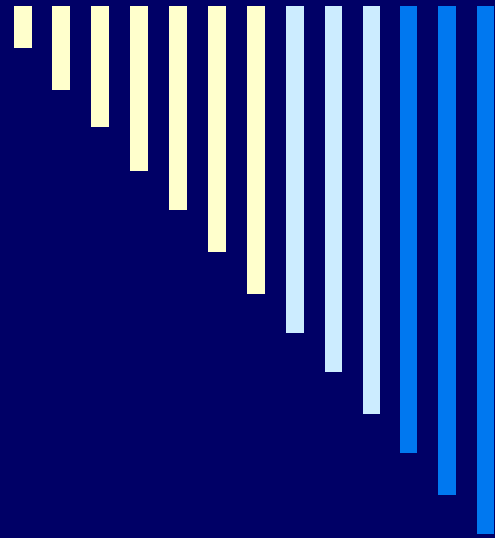
- Ability to PTZ without distraction allows:
  - Close-up of face, hands, eyes, mouth, etc.
    - Can see “affective changes” more easily and/or sooner than FTF
      - Tears forming/held back, hand-wringing
    - Getting closer to patient than would be appropriate FTF
    - “Quiet” look at family, staff, others in room, for responses to questions and patient’s behavior



- Allows for some distance
  - Helpful for paranoid, shy, trauma survivor, avoidant, psychotic/delusional patients to feel safer
  - Helpful for clinician to *be* safer when dealing with threatening or antisocial types



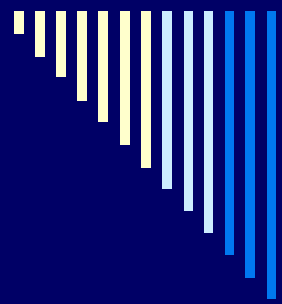
- Instrumentation itself can be an important stimulus
  - Appeals to kids' natural curiosity
    - Observe how they respond, problem-solve, and fantasize
  - Show them how “cool” the equipment is
  - Assume that they probably know more about the technology than you!
  - Let them “drive” if you think this might be helpful
    - Let them play with remote
      - Just for a little while!
  - If recording, let them see the final product



# Hypothesis

**Videoconference *is* Better than FTF**

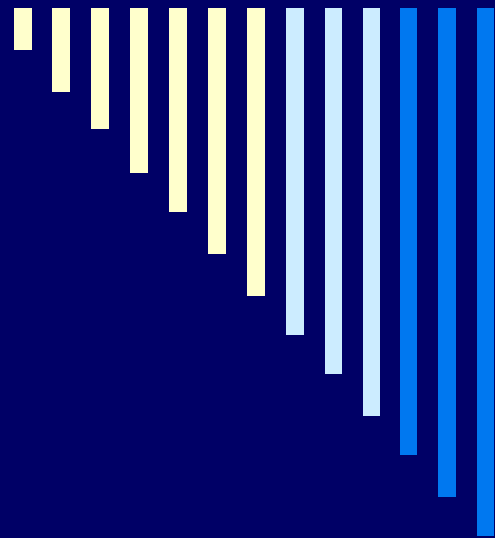
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# Let's Test It: Videoconference vs. FTF

Some Areas of Inquiry Not Yet Adequately Explored:

- Rate of change of improvement
- Durability of change
- Patient/family/staff engagement
- Cost effectiveness
- Time savings
- Desirability
- “Coolness” factor



When Thinking About How  
to Get Mental Health  
Services to Kids...

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Let's Think *Inside* the Box!!!

