



William Osler  
Health System  
*Going Beyond*

# **The Use of Telemedicine in Child and Adolescent Mental Health**

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**Telemental Health and Addictions**

# Telemental Health

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**The use of real time videoconferencing to:**

- **connect people living with mental illness with service providers**
- **promote mental health within the wider community**
- **diagnose, treat, rehabilitate people living with mental health concerns across institutional, home and community settings**

**Primary Use of Telemental Health:**

## **Educational**

- **to deliver information to a large audience at one time in various locations**

## **Administrative**

- **to join sites together where sensitive information is shared**

## **Clinical**

- **Diagnostic interviews, Medication Management, Psychotherapy, Crisis Evaluation and Consultation**

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## **Telemental Health encompasses:**

- **Telepsychiatry**
- **Telepsychology**

## **Telemental Health differs from:**

- **Telemedicine**
- **Telehealth**
- **Telehomecare**
- **Telestroke**

# History of Telemental Health In Canada

Newfoundland and Labrador	1975
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Nova Scotia, Alberta, Ontario	
Northwest Territories, Nova Scotia	
Prince Edward Island, Saskatchewan, Nunavut	
British Columbia	
Manitoba, Yukon	
New Brunswick	

# Efficacy of Telemental Health

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## **Diagnosis and Assessment**

- **A wide range of psychometric scales have been tested using videoconferencing technology with good inter-rater reliability**
- **Some studies have noted that telepsychiatry may be better than in-person services due to the novelty of the interaction, direction of the technology, the psychological and physical distance and the authenticity of the family interaction**

## **Access to Care**

- **Access has greatly increased due to telemental health**
- **Has led to less travel, decreased absence from work, less time waiting and increased clinical choice**
- **Some patients from small communities have preferred telemental health to allow for increased confidentiality and privacy**

Hilty, D.M., Ferrer, D.C., Burke Parish, M., Johnston, B., Callahan, E.J. & Yellowless, P.M. (2013). The Effectiveness of Telemental Health. Telemedicine and e-Health. DOI: 10.1089/tmj.2013.0075

# Satisfaction using Telemental Health

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## Perceived comfort in video communication

- **Psychiatrists rated students' comfort level ranging from 6-9/10, average: 7.25**
- **Psychiatrists rated their own comfort level ranging from 9-10/10, average: 9.75**
- **“when working with students who had a history of trauma, the students appeared more comfortable communicating via the video”**
- **“provided the opportunity to collaborate with other professionals”**
- **Problems identified included technical difficulties including disconnections, general bandwidth issues and poor resolution**

Cunningham, D.L., Conners, E.H., Lever, N. & Stephan, S.H. (2013) Providers' Perspectives: Using Telepsychiatry in Schools. Telemedicine and e-Health. DOI: 10.1089/tmj.2012.0314

# OTN

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**In Ontario, the Ontario Telemedicine Network (OTN) which is a not for profit, government organization provides a secure network which follows the Personal Health Information and Protection Act (PHIPA)**

**OTN can connect up to eighty sites**

**Equipment required:**

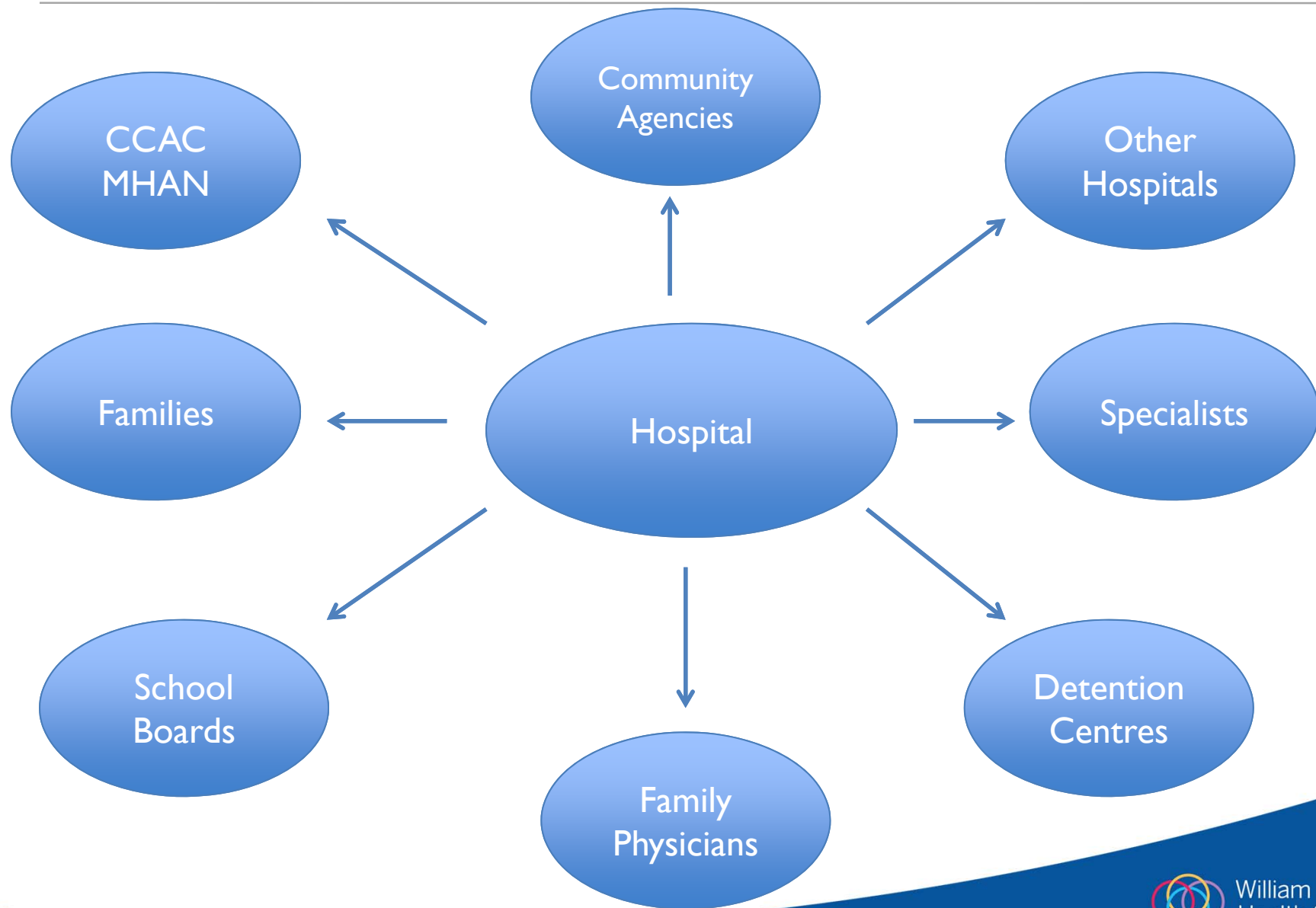
- **Specialized telemedicine equipment, a laptop or an android tablet**
- **appropriate bandwidth**
- **echo cancelling microphone**
- **HD camera**



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# Telemental Health in a Hospital Setting

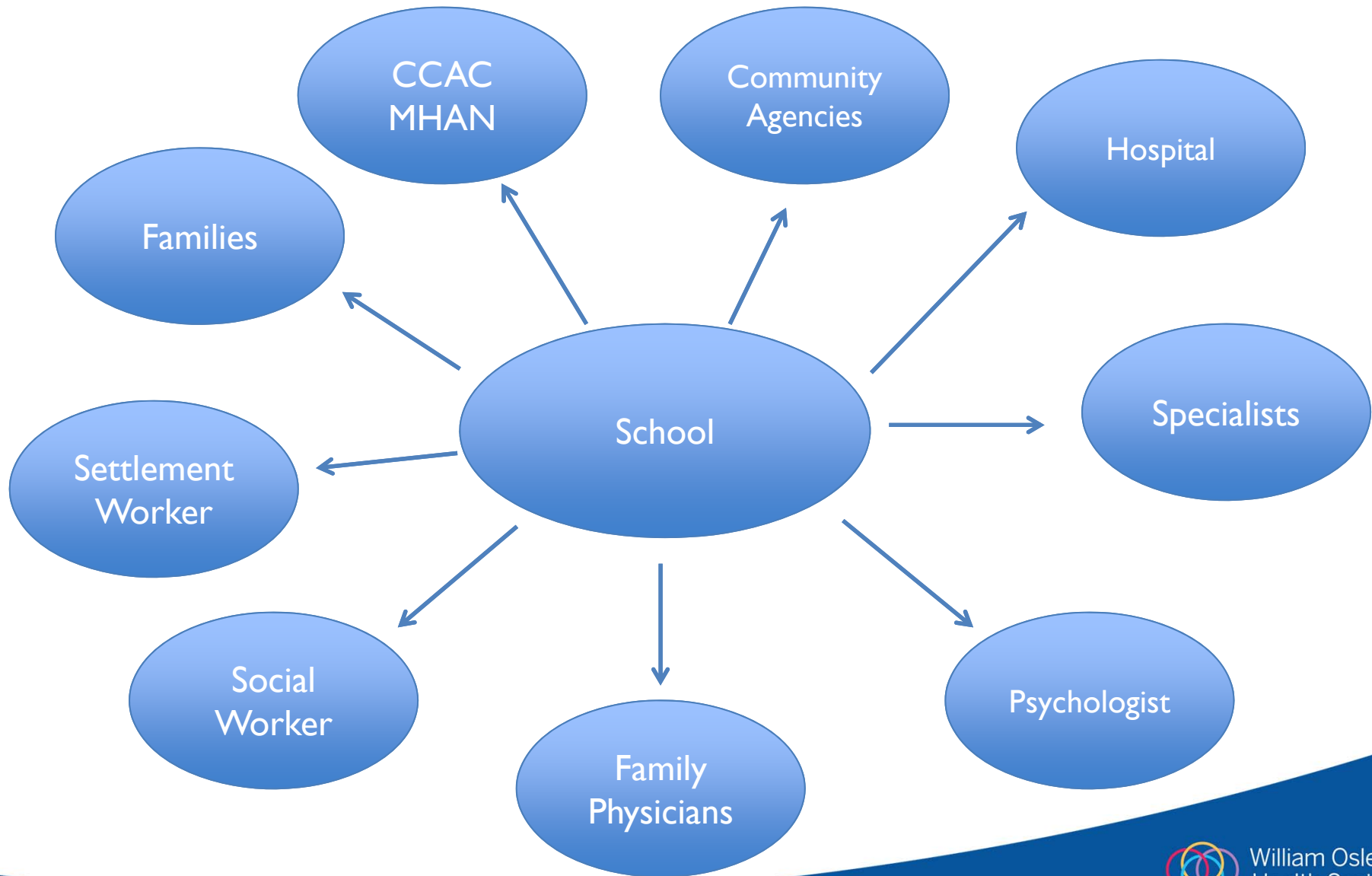
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# Telemental Health in a School Setting

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# Prevalence of Mental Illness in Canadian Youth

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**According to the Mental Health Commission of Canada;**

- **In 2011 there was estimated to be 1 000 000 Canadian Children and Adolescents between the ages of 9-19 years of age living with a mental illness.**
- **Break down**  
**Children aged 9-12 years of age: 229 695**  
**Adolescents aged 13-19 years of age: 811 814**
- **Equivalent to 23.4 % or 1 in 4**
- **Majority of the diagnoses seen between the ages 9-19 years of age were Mood Disorders, Anxiety Disorders and Substance Use Disorders**

# Three Questions

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- How do we identify those youth that are having difficulties with their mental health?
- Once identified, how do we help to break down barriers that prevent them from accessing supports for their mental health?
- Once they have received care, how do we work together to keep them engaged with their care?

# Using Telemental Health in Identification

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The Mental Health Strategy for Canada highlights the important role of school staff in being able to recognize mental health problems

Approximately 50% of adolescents and young adults with depression and suicidality do not use mental health services.

Cheung, A.H. & Dewa, C.S. (2007) Mental Health Service Use Among Adolescents and Young Adults with MDD and Suicidality. Canadian Journal of Psychiatry

## Telemental Health in Identifying Youth with Mental Health Concerns

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### **Educational Events through Videoconferencing**

- **Help those working with youth to identify abnormal behaviours and cues**
- **Advise on how to ask the right questions**
- **Allows for participants to ask questions**
- **Can deliver a large amount of information to a large amount of individuals over a large geographic area**

### **Clinical Consultation through Videoconferencing**

- **Allows for consultation with Psychology or Psychiatry for the purpose of identifying and diagnosing youth presenting with abnormal behaviours from a location that is more convenient for families**

# Breaking Down Barriers to Care

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## **Systemic Barriers:**

- **Fragmentation of Services**
- **Workforce Concerns**
- **Wait Times**
- **Funding**

## **Community Barriers:**

- **Geographic Location**
- **Social Location**

## **Individual Barriers:**

- **Stigma**
- **Mental Health Status and Comorbidity**
- **Attitudes and Help Seeking Behaviours**
- **Family Risk Factors and Parental Engagement**
- **Previous Experience**

**Access & Wait Times in Child and Youth Mental Health: A Background Paper (2010)**  
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO,  
Canadian Association of Paediatric Health Centres & National Infant Child and Youth  
Mental Health Consortium.

# Telemental Health and Systemic Barriers

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## Telemental Health:

- **Decreases the fragmentation of services found between service providers and ministries by creating a forum that promotes collaboration by inclusion**
- **Allows for people living in rural areas to access health care professionals that have a tendency to be in short supply**
- **May decrease wait times by providing more access to Mental Health Professionals**
- **May help with limited funding by allowing youth to be discharged from hospital sooner and perhaps avoiding hospitalization in the first place.**

# Telemental Health and Community Level Barriers

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## Telemental Health:

- **Decreases the amount of travel time in order to access care**
- **Increases privacy and confidentiality by allowing youth to see professionals that live outside of their community**
- **Offers access to more specialized services for youth who may come from low-income families or may belong to the LGBTQ community**
- **Has allowed youth who are incarcerated to access mental health care**



# Telemental Health and Individual Level Barriers

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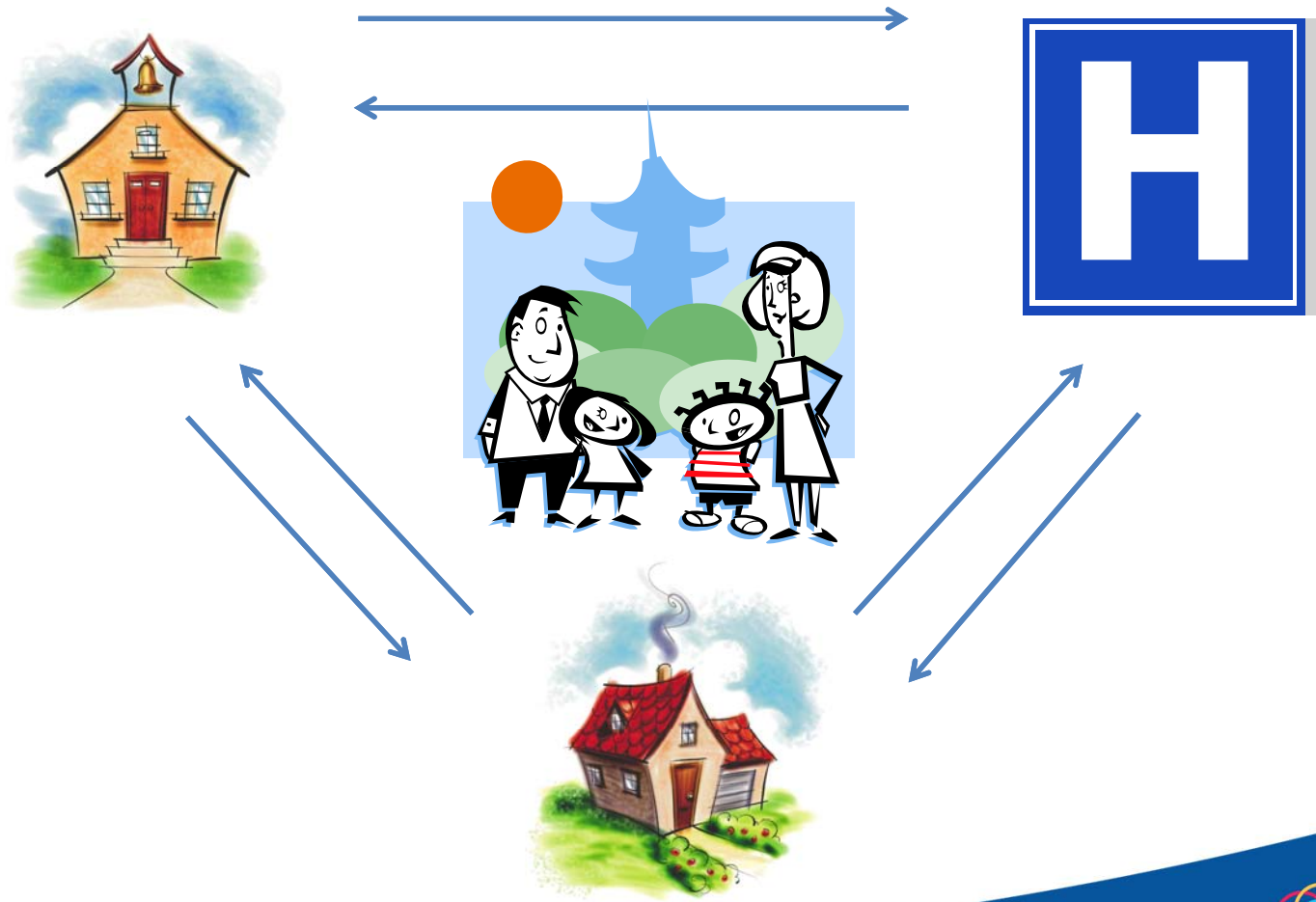
## Telemental Health:

- **Addresses the issue of stigma by allowing youth to visit with their counsellor from their homes or a location outside of a psychiatrists' office**
- **Mental Health status and comorbidity can make it difficult to access care due to motivation. Telemental Health increases accessibility so that it is easier to make appointments**
- **Links to informal supports through telemental health can provide education and support to those supporting youth**
- **If youth have had poor experiences with the mental health system, telemental health provides an alternative to care and allows for different services that may be located outside of their community**

# Keeping Children and their Families Engaged With Their Care

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**Creates a model of care that allows for continuity between schools, community mental health agencies, hospitals and home**





# OUR VISION

PATIENT-INSPIRED HEALTH CARE WITHOUT BOUNDARIES